





*Class*      Sadoff      *No.*      Journal  
                  Cage

Robert L. Sadoff Library of  
Forensic Psychiatry and  
Legal Medicine









Digitized by the Internet Archive  
in 2013







THE  
AMERICAN  
JOURNAL OF INSANITY.

EDITED BY THE  
MEDICAL OFFICERS OF THE NEW YORK STATE  
LUNATIC ASYLUM.

---

VOL. XVIII.

---

The care of the human mind is the most noble branch of medicine.—GROTIUS.

UTICA, NEW YORK :  
PRINTED AND PUBLISHED AT THE ASYLUM.  
1861-62.





## INDEX TO VOLUME XVIII.

	PAGE.
Abstract of a Report made by Dr. J. Parigot and Dr. G. J. Fisher, on Medical Testimony in the matter of proof of a Will.....	384
An Examination of the Objections to the Doctrine of Moral Insanity. By Dr. I. Ray.....	112
Association, Postponement of Meeting of.....	96
Association, Sixteenth Annual Meeting of.....	460
Asylums, American, Reports of.....	263
Bell, Dr. Luther V., Obituary notice of.....	421
Buckle, Henry Thomas, on the History of Civilization, &c.....	70
Calmeil, Dr., on Cerebral Congestion.....	193
Cases of Fracture of the Ribs in Insane Patients, &c. By Joseph Work- man, M. D.....	349
Chapin, Dr. John B., Tubercle of the Brain.....	212
Cook, Dr. George, The Relations of Inebriety to Insanity.....	321
Conclusions from Prison Statistics in Great Britain.....	188
Conolly, Dr. John, Juvenile Insanity.....	395
Curious Errors Respecting American Alienists.....	459
De Maury, M. Alfred, On Animal Magnetism and Somnambulism.....	236
Dr. J. B. Thomson on the Congenital Imbecility of Criminals.....	190
Dr. J. Parigot on Moral Insanity in relation to Criminal Acts.....	305
Dr. L. Meyer on the Employment of Opium in the Treatment of the Insane	318
Dr. Ray on Moral Insanity.....	183
Effects of Religious Excitement.....	460
Falret, Dr. J., on the Classification of Insanity.....	355
History of Civilization in England. By Henry Thomas Buckle.....	70
Incendiarism in Mental Affections and Diseases. By Dr. Willers Jessen.....	61, 163, 286, 434
Increased Asylum Accommodation for the Insane in England.....	91
Increase of Insanity.....	95
Insanity in Massachusetts.....	94

Insanity, Statistics of.....	1
Jessen, Dr. Willers, Incendiarism in Mental Affections, &c. 61, 163, 286, 434	
Juvenile Insanity. By Dr. John Conolly .....	359
Kellogg, Dr. A. O., Shakspeare's Delineations of Mental Imbecility, &c. 97, 224	
Lunacy in England.....	312
Macdonald, The late Gen. ....	454
Marvellous, The .....	14
Maudsley, Dr. Henry, The Love of Life .....	138
Mayo, Dr. Thomas, On the Moral Phenomena of Insanity, &c. ....	81
M'Intosh, Dr. W. C., on the Subcutaneous Injection of Morphia in Insanity	458
Modern Superstitions Relating to Insanity .....	192
Number and Distribution of the Insane in Scotland.....	93
On Animal Magnetism and Somnambulism. From the French of M. Alfred De Maury .....	236
On Cerebral Congestion. From the French of Dr. Calmeil.....	193
On Indian Hemp, &c.....	89
On Puerperal Insanity. By J. H. Worthington, M. D.....	42
On the Classification of Insanity. From the French of Dr. J. Falret....	355
Ray, Dr. I., An Examination of the Objections to the Doctrine of Moral Insanity .....	112
Remarks upon Dr. Parigot's Paper, "On Moral Insanity in Relation to Criminal Acts," before the N. Y. Academy of Medicine.....	404
Reports of American Asylums.....	263
Shakspeare's Delineations of Mental Imbecility, &c. By A. O. Kellogg, M. D.....	97, 224
Skae's, Dr. David, Definition of Insanity.....	96
Statistics of Insanity .....	1
The Love of Life. By Henry Maudsley, M. D.....	138
The Marvellous.....	14
The Relations of Inebriety to Insanity. By George Cook, M. D.....	321
The Tender Mercies of a Lunatic Asylum in Jamaica .....	455
Tubercle of the Brain. By John B. Chapin, M. D.....	212
Vast Abscess of the Brain without Symptoms.....	460
Workman, Dr. Joseph, Cases of Fracture of the Ribs in Insane Patients, &c.	349
Worthington, Dr. J. H., On Puerperal Insanity.....	42

# AMERICAN JOURNAL OF INSANITY.

---

VOL. XVIII.

UTICA, JULY, 1861.

No. 1.

---

ESSAYS, CASES, AND SELECTIONS.

---

## STATISTICS OF INSANITY.

WITHIN a term of ten years immediately preceding and following the year 1840, the greater number of our oldest and most important institutions for the insane were opened for patients. Some of these asylums have taken, and others are about to take, occasion, at the close of their second decennial periods, to give a retrospective view of the results obtained, and the progress made, during this time. So far as this has already been done, it has been duly chronicled in the notices of asylum-reports published in this journal, and forms an interesting record. The wise liberality of public authorities, the bounty of private citizens, the devotion of medical men, and the steady co-operation and support of the benevolent of every class, have accomplished a work which will not suffer by comparison with any thing of its kind in any country.

In 1840, barely 2,000 insane were under care, in twenty regularly organized institutions in the United States, and public attention had not been drawn to the large number of this class in the poor-houses and receptacles. In view of what even yet prevails in these places,

after all the efforts for reform that have been made, the imagination may be left to paint their condition at that time. At the opening of the year 1860, there were about 8,500 provided for in fifty institutions, most of which are of the first class. Besides these are a number of minor asylums, belonging to cities, counties, and sects, of which we have no regular report; and a steady though tardy progress is making in the provision for the chronic insane of new and thinly settled districts.

It is not to be wondered at that, under the constant demand for practical effort in behalf of the insane, no considerable advance should have been made in the study of insanity. Yet the want of success has not been mainly owing to a lack of interest, or even of activity, in this department. It seems to us in great part due to some fallacies in the method of inquiry, which was early adopted, and which has been suffered, with little change, to guide the scientific labors of the specialty. The time seems an appropriate one in which to thoroughly consider the general plan upon which our observations of mental disease are to proceed. What are our theories of the relation and comparative importance of the facts which are presented to us? Without such theories, little intelligent observation of mental or vital phenomena can be made. Can not these be reconciled, and their statement agreed upon, after sufficient discussion? Would not a less complicated and less pretentious plan than is now generally adopted, be more promising of good results? These and other questions which the subject will suggest, can not, we think, receive too thorough and general consideration. Our object here is merely to enforce the importance of such an inquiry. The matter can be usefully discussed at length only at a meeting of our Association, and we earnestly commend it to the notice of the members.

Looking over the annual reports of American Asylums, we need not say how almost entirely they are filled by numerical tables. The general fact is, that all the medical, social and economical particulars, belonging or supposed to belong to the history of each institution for the year, are thus arranged. With a certain license—as pardonable perhaps in the specialist as in the poet, who coerces to the de-



mands of measure or rhyme the noblest and most comprehensive words—these are called “statistics” of insanity. Nevertheless, it is not a little curious to trace the present all-embracing use of the term from its first introduction. This is due to a German professor, and dates not much more than a century ago. The forms of numerical tables had previously been resorted to for purposes similar to those for which they are now so generally used, and the idea of substituting “the figures of arithmetic for the figures of speech,” in many departments of knowledge, was necessarily involved in the philosophical reform which we are accustomed to date from the time of Lord Bacon; but statistics, as a system, were unknown previous to the middle of the last century. As the name imports, it was first applied only to matters of state concern. Population, wealth, commerce, education, etc., were reduced to numerical forms, which should prove the unerring guide of the political economist to future progress, and constitute for the past the most substantial foundation of history. But the new method soon became a system which was to comprehend all other branches of science whatever. The argument was, in the language of one of its journals, that “As all things on earth were given to man for his use, and all things in creation were so ordained as to contribute to his advantage and comfort, and as whatever affects man individually affects also man in a state of society, it follows that statistics enter more or less into every branch of science, and form that part of each which immediately connects it with human interests.”

The application of the system to the phenomena of mental disease, seems, however, to have been suggested by the introduction of the numerical method of Louis into general medicine. Shortly after this great medical philosopher had so confidently set about resolving the problems of pathology and therapeutics through his new method, Esquirol employed similar forms in his researches into insanity. These high expectations from statistics in general medicine were soon moderated, and their proper place in medical research gradually awarded. In pathology the system was found nearly useless. In therapeutics it has been of some utility, but almost wholly as a

critical weapon in affording negative proof. At present, only in epidemiology, and other branches of public hygiene which are practically concerned with masses of persons and general principles, is its applicability fully admitted.

The exact position of this system in the psychological medicine of the past, and its relations to the present stage of progress in that department, are less easy to determine. Esquirol gave a powerful impulse through his writings to the record of facts connected with insanity, and the extent and accuracy of his observations were the just grounds of his fame. But he carefully abstains from advancing any theory in connection with them, and does not even point out the comparative value of facts, or discriminate between them in any way. They are arranged in their merest accidental relations, and thus presented with the least possible regard to their meaning or use. This was, of course, all that could be expected from one whose chief mission it was "to overcome prejudices, to dissipate errors, . . . and to make known truths of useful practical application" in the treatment of the insane. But his example, so far as a practical psychology is concerned, has been perhaps too closely followed by the larger number of those who have succeeded him.

It has not been sufficiently considered, we think, that the subject of insanity has two widely different aspects, whence it is to be studied from separate, and in some respects opposite, points of view. These are the medical, and the social or political. The practical and administrative parts of these two divisions can not, and need not, always be separated, but their scientific relations are entirely dissimilar, and, we are convinced, can only be studied apart from each other, with any prospect of success. This will be evident from a brief view of the subject of statistical records respecting the insane. We have already referred to the origin of statistical science, and need only allude to the rank which it has attained in the forms of abstract as well as of applied knowledge. It has survived the attacks of ridicule and abuse, until it has come to be acknowledged as the only safe basis of social and governmental reform, of commercial enterprise, and indeed of all the grandest schemes of human progress. Books

of statistics, instead of being what Lamb once wittily, and with something of truth, termed them, "books that are not books," are now much more truly those from which, or because of which, books are made. But statistical science is not, as seems too often supposed, a mere record of heterogeneous facts. This were indeed "learning made easy," to the meanest intellect. The facts of statistics must, in the first place, be such as are capable of being reduced to numerical expressions, with a degree of exactness. These, of course, are only of the most general and collective classes. In proportion as facts become less general is their statistical value reduced, until we reach the individual and special classes, which are worthless. Again, facts should be collected and arranged with a knowledge of the purposes to which they are to be applied. A consideration with which idle collectors of empty facts often flatter themselves is, that the statistician must not deal with application or speculation, which would unfit him for observing properly. True, it is not the part of the statistician to combine or to apply facts, but it does belong to him to point out how they may be combined, and what principle must govern their application. The neglect of this has done much to bring the method into disrepute, and to give rise to the saying, that "anything may be proved by statistics."

Let us now look at the forms of statistics usually adopted in the specialty of psychological medicine. And, as at once the most convenient and the most perfect collection of the kind recently made, we will first take the abstract of "Statistics of the Establishments for the Insane in France, from 1842 to 1853 inclusive," published in this journal for April 1860 and 1861. A highly centralized administration, having for its head in each department the first scientific men of a country, must ensure the great advantages of a thorough system of records, and the selection of competent observers. Now the number of institutions for the insane of a country, their capacity, their mode of support, increase, distribution, population, with their admissions and discharges at a certain time, and at regular periods, are seen at once to be capable of exact numerical expression, and when compared with such other facts as the whole number

of insane, and the total population, afford the most perfect guide to the legislator and the political economist. This is one kind of the facts given, and is truly a matter of state or collective concern. Another class has an indirect importance of the same character. These are such as the nativity and residence of the patients, the numbers recovered and not recovered, the number of re-attacks, and the number of deaths. They do not, like the others, point to necessary conclusions, but they afford ground for more or less probable inferences, which may be tested by other series of facts, and these by others still, according to the degree of complexity in each case. In the nativity of patients, for instance, there can be no direct practical interest. The spot of earth upon which an individual was born, can have no more relation to a state of mental disorder in his case, than the shape which the clouds will assume on the day of his death. The fact of race, which might be implied, could have little greater pertinency. Yet by comparing the number of insane of a foreign with those of native birth, and comparing the total native population with the whole number of immigrants, and in a similar way guarding against several obvious sources of fallacy, an inference might perhaps be derived, in the most general terms, as to the health and vigor of the entire foreign element from which the number of insane were derived. Still, it is plain that our statistics would be only an indirect and unimportant contribution toward such an estimate.

The third variety of facts contained in these statistics comprises all those concerning the vocation, degree of education, civil condition, residence, sex, age, season of attack, of recoveries and of deaths, vocation of recovered and of deceased, and other similar particulars. We have omitted to include the etiological records, which will be hereafter noticed. Now let us ask ourselves for what purpose these facts have been drawn out with such an ingenious minuteness. Their collocation cannot be based upon any principle of statistical science. They can be recorded numerically, but figures carry no virtue not contained in terms; and the common principle by which they are possibly connected must be expressed, before the first step in their combination is made. For it is to be remembered that no useful ob-

servation is possible, except as connected with some known or assumed principle which is present to the mind of the observer. Bald facts, without some hypothesis to co-ordinate them, are the merest rubbish. Even in physical science, where general laws are so accurately known, and deductive conclusions do so much to guide the student, still some hypothesis must attend upon the severest inductive processes in the discovery of special laws. How much more, then, do we need theory in organic science, whose most general laws are beyond our grasp. We have in meteorology a science whose foundation principles are capable of the most exact mathematical expression, but whose data are so extremely numerous and complicated as to render its progress by pure induction quite impossible. Who does not know the large use which is made of theory in the pursuit of this study? Yet in the study of mental phenomena, whose data are infinitely more complex, and whose primary laws are unknown, we are cautioned against anything beyond the merest record of facts.

If any proof were wanting of the extreme fallacy of the grouping of facts in connexion with insanity like those which we are now considering, it might be found in the comments which accompany these statistics. As though with tacit assent to their unmeaningness, their obvious meaning is coolly reversed or negatived whenever—as is often the case—it is contrary to, or not confirmed by, the preconceived views of the writer. Thus instead of affording a test to theory, these facts are merely the excuse for offering endless hypotheses in their explanation. Let us take, for instance, the first table in the second part of the article referred to as given in our last number. This table shows that, during a given period, the yearly number of discharges from French asylums gradually diminished. Now the data given here we suppose to form a part of the true statistics of a country. Taken together with the facts that the admissions to asylums for the same period had increased nearly three hundred per cent., and that the number and capacity of these institutions had increased to a definite extent, we have a reliable basis for a few general statements of certain value. But M. Legoyt evidently fears that, as is the manner of psychologists, we must infer from these data a



decreased efficiency of treatment, and thence goes on to explain as follows :—

“ We regret that the documents do not furnish the means of determining exactly whether this reported diminution belongs to the patients discharged before or after recovery. Still, we do not hesitate to admit the former hypothesis, and conclude that many were discharged before their complete recovery would warrant. For, on the one hand, it is not easy to believe, especially when we take into account the new therapeutie resources, and the increased comforts, which belong to nearly all modern asylums—that the treatment of the insane is less effective than formerly ; and, on the other hand, it is probable that families, appreciating more fully from day to day the great advantages of these institutions, are more and more disposed to maintain their friends in Asylums, even after they may be acknowledged as incurable cases.”

The table above referred to also shows what is termed “ a very interesting fact,” which is, that the percentage of discharges from asylums has been greater among males than among females. Instead of noticing this as a natural consequence of the larger yearly number of male admissions, the writer observes that “ the explanations of this excess offered by directors of asylums have been various,” and proceeds to enumerate some of them ; but he himself questions “ whether we ought not rather to attribute this difference to the greater or less severity of the disease itself, depending upon the difference in causes which induce insanity in the two sexes.” Here is implied the error which has been before alluded to, of comparing things numerically which can have no numerical expression. The terms insanity, disease, and cause—when the latter is predicated of vital phenomena—are not entities which may be dealt with by numbers. But we shall have occasion to allude to this again. It is enough to say, there is no ground in reason or analogy for the primary assumption that sex has any necessary and positive relations to insanity. The presumption is, then, that it has none ; and there is nothing in all the figures which have accumulated upon the point to weaken that presumption in the least. Yet the table giving the number of admissions according to sex, M. Legoyt says, “ seems to settle the question ” of the relative liability to mental disease. It

has been thus settled, as our readers are well aware, very many times, on one side and on the other. Will not some enterprising statistician at length draw up these opposite conclusions numerically, and strike a balance which shall be final—until the next report of asylum statistics is published? Yet it is satisfactory to see that, at points where we might expect some such absurd inference as the above, the writer is very happy in the common-sense explanations to which he limits himself, and which are, as he says, “wholly independent of psychological influences.”

The fallacy, or rather the folly, of this array of heterogeneous facts in the name of the numerical method, may be further illustrated by the various tabulation of the ages of patients with the several particulars of admission, recovery, death, &c. This comparison is made because of the hypothesis that age has an influence in the development of insanity. Now what shadow of excuse is there for any such supposition? It is proper that we should be reminded here, that an empirical etiology has always gone before a scientific one, which has had only to render the former more exact and certain. Centuries ago the Father of Medicine remarked that phthisis was most commonly developed between the ages of thirteen and thirty-five years. The widest statistical records, made within the last century, have simply served to render this relation in more precise terms, and to refer to an imposing mass of figures as its proof. This may have been of some use in the construction of life-tables, although to medical men it can have only an infinitesimal value. But no physician, from the time of Hippocrates down, has observed that insanity belonged to any particular time of life more than another. And this is not to be wondered at, when the vaguely defined condition which we call insanity is contrasted with phthisical disease. Death and certain organic lesions are the test in one case. What it is in the other, who can yet tell us?

We may mention here a curious instance of the empirical suggestion of causes in insanity. Probably most of our readers have looked over the numerical inquiries once made into the supposed influence of the moon in causing mental disorder, and in varying its symp-

toms. The observation of numerous and intelligent persons upon this point for centuries was enough to prompt the most searching and methodical inquiry. The statistics, if we recollect aright, indicated some sort of connection between the moon's phases and morbid mental symptoms much more strongly than have those of the various accidents of age, sex, vocation, &c., with the same. But these coincidences were explained away, to the satisfaction of nearly all except the most ignorant and superstitious. This came, of course, in the progress of astronomy. In spite of statistics, and, indeed, of superficial observation to this day, the theory of lunar influence has ceased to receive attention. Have we not advanced far enough in meteorology, if not to create a disbelief in the effect of climatic changes upon insanity, at least to convince us of the utter hopelessness of further inquiry? Add to the immensely numerous and complicated data of this science the intangibilities of mind in its most perplexing manifestations, and do not our records which give the admissions, deaths, &c., according to season and month, appear fanciful to the last degree?

To other statistical heads of the same character as the above, we will only refer. The tables of civil condition, vocation and education are the principal ones not already noticed. It is safe to say that not one of them has contributed a useful suggestion in behalf of true science, and the appeals for popular effect based upon them, serve far more to bring discredit upon the specialty than for any good purpose. Most of these were observations begun in the ill informed zeal which attaches to all new methods, and it appears to us without foundation in rational knowledge. Be this as it may, they have been long tried, are entirely without promise of fruit, and may justly be abandoned or greatly modified for this cause.

In all but the first class, or that of true statistics, according to the division made at the beginning of this article, we have been dealing with proposed aids to the etiology of insanity, although the table of causes is usually only one of twenty special tables in our reports. It will not be necessary to dwell here upon the pre-eminent importance in a medical point of view, of the study of the

causes of mental disorder. We are forced to recognize that the morbid phenomena of mind, more than any other class of symptoms which we are called to notice, represent a most profound and radical type of disease. The most marked diatheses, as the serofulous and nervous, representing the accumulated results of morbid causes perhaps through many generations, may still undergo one further transformation in the downward series,—into mental disease. There are, of course, numerous exceptions, in the temporary disturbance of the cerebral functions by toxic agents, or severe moral shocks, but, as compared with the number of cases in which insanity marks the farthest reach of vital degeneracy, they are but few. To the medical man, therefore, the chief problems of mental disease are of necessity those which refer to its prevention rather than to its cure; and hence the study of causes is of the first and almost exclusive importance.

But it must be admitted that the manner in which this class of investigations has been pursued, as appears in a large number of asylum-reports, and even of special treatises upon the subject, is the most unpromising, and even absurd, of any arising in the specialty. To say that the certainty with which one phenomenon brings another to succeed it is that which establishes causal relations between them, and not the intimacy of their relation in time or space, seems trite enough; but when we glance at the multitude of hypothetical causes which are stated in our etiological tables, it is sometimes difficult to say what we have better than was found in the days of the belief in astrology and demoniacal possession. If we are to avoid all theory in the observation of causes, and simply to record facts, must we not record all the facts, or how shall we discriminate? In the case of a patient who first exhibits what, in the judgment of the observer, is an insane manifestation during a thunder-storm, is the cause to be given as lightning, or thunder, or tempest, or flood? or, is it a moral cause, as anxiety or alarm? Accidents of this sort are constantly stated as causes, and such an instance as the above is by no means an extravagant one. If any of these circumstances are given, certainly none of them should be withheld. But why should

the record of any or all of them be the principal, or, as is sometimes the case, the sole, aim of the observer? In a particular case of insanity, we seek the expression of a cause for the sake, mainly, of prognosis; in general, we study etiology in order to find preventive means. It is needless to say that no one seriously supposes meteorological phenomena to contain the elements of a prevision of cerebral symptoms, any more than he does that planetary aspects control the virtues of medicinal herbs. Neither does he intend to urge the necessity of abating thunder-storms, or any of their incidents. We hope to be excused for seeming to trifle here, but we are at a loss how else to comment upon the grave burlesques of scientific forms which the subject calls before us.

Yet, unfruitful as the etiology of mental disease has hitherto been, and absurd as the tabular forms which have been applied to it, we believe that in the study of development—aided if necessary by tables whose figures may serve to condense simple facts bearing upon some sober hypothesis—is the main hope of progress in mental medicine. It would not probably be necessary, if it were in place, to defend such a belief here, as it has been impressed upon our readers in all the most recent and important works upon insanity. Nor shall we endeavor to give even the outline of a scheme of our own for the study of this all-important but most difficult subject. Certain it is, however, that no single line of inquiry is to be relied upon in so complex and intricate a matter. Our efforts must be moderate and patient. Accepting only the most positive facts, these must be grouped in every possible way, to present the many-sided aspects of cerebro-mental disease. An important step in this direction has lately been made by the celebrated French psychologist M. Morel, in his *Traité des Maladies Mentales*. This author entirely rejects symptoms as the basis of classification in mental disease, and designates the forms of insanity according to causes. Acknowledging the present imperfection of this scheme, he yet, and we think correctly, believes that by thus concentrating the attention of the physician upon the etiology of insanity, a most important point is gained. A brief analysis of his work, in the number of this journal for October, 1860,



gives a general idea of the proposed classification, and we hope that the views of M. Morel will gain the attention of every one interested in the progress of psychology. It will be seen at once, how much more condensed, simple and definite the matter of our tables of cases would become were this method of record adopted. The group "hereditary insanity" would take the first place, and, through its several classes, receive that especial attention which its great importance is acknowledged to demand. Next in order is "insanity the effect of toxic agents," in the widest sense. That all the numerous varieties of this large group must and do tend to develop a certain type of symptoms, will be admitted by the scientific observer. It would comprise narcotic, alcoholic, malarial, puerperal, mineral and food poisons. The third group, "insanity caused by the transformation of certain nervous disorders," would include a large portion of those cases now attributed in such an indefinite way to "ill health," and numerous other more or less remote sources. By thus bringing together in large groups the causes of insanity, it will be seen that the tendency is to direct attention mainly to predisposing or efficient causes, to the neglect of the infinite variety of accidental ones.

But we will not transcend our province by doing more than to point out the direction in which it seems possible some changes in our theory and forms of asylum-statistics might be advantageously made. If it be said that our hints are chiefly in limitation of the present methods, we remember that Drs. Bell and Ray, than whom there are no higher authorities in this or any country upon the subject, have wholly denied the value of the numerical method in insanity, and present only the general statistics of the institutions which have been under their charge. In fact, it is too often found in asylum reports that their professional value is inversely as the length and variety of the statistical tables presented. We do not, however, desire to see all numerical forms abandoned in the study of insanity. The "medicine of the future," in many of its departments likely to become almost wholly preventive, and thus of a public and general character, must owe more and more of its progress to statistical science. Let us by all means continue such records as have at present

any rational value, and let us adopt such other forms as the strict rules of scientific observation will warrant. We may remember that in whatever department rude knowledge has been already developed into science, figures have been without exception the agents of this change. It was by means of a numerical scheme—the atomic theory—that chemistry was raised at once to the rank of an exact science, and the most important applications to medicine and the arts became possible. Indeed, that exactness of any form of knowledge which gives to it the dignity of science exists just in the degree that numerical expression may be given to it. We have no right to deny the possibility that the beneficent aims of the physician may one day be firmly based upon scientific principles, nor to abate the most earnest efforts towards the accomplishment of so important a work.

### THE MARVELLOUS.\*

[*Winslow's Psychological Journal*, January, 1861.]

IN the last number of the past series of this Journal we briefly reviewed the chief “phenomenal phases,” as the Spiritualists say, under which the love of mankind for the marvellous has been displayed in past centuries. We purpose in the present article to consider the manifestations displayed in our own time; and it will not be amiss, in the first place, to recapitulate the actual claims of the Spiritualists, as stated by a prominent brother of the order, who is wishful to “present a brief general statement of the leading phenomenal phases in which, at the present day, Spiritualism is presented to us.”

“Before doing so,” writes this author (*Spiritual Magazine*, No. 2,) “as a preliminary observation necessary to a right understanding

\* *Histoire du Merveilleux dans les Temps Modernes*. Par Louis Figuier. Paris, 1860.

*The Spiritual Magazine*. London, 1860.

*The Arcana of Christianity, and various Sermons*. By the Rev. T. L. Harris.

of the matter, we would remark, that there are persons in some way peculiarly constituted whose presence appears to furnish conditions requisite to enable spirits to act upon matter, or to manifest their agency in any way cognizable to men. In what this peculiarity consists, whether it be chemical, electrical, magnetic, odylie, or in some combination of these, or in what else, it would lead us too far from our present purpose to consider." (We break into the quotation at this point, in order to call attention to the effects of spiritual intercourse upon English composition.) "At present we would only point out the fact that the presence of one such person at least is necessary in every circle before any spirital manifestation can be obtained. Such persons are now technically designated *mediums*."

The most common form of the manifestations, and that which is most easily obtained, is seen in—

"1. *The Rappings, Table-tippings, and other Sounds and Movements of Ponderable Bodies*.—The company assembled place their hands lightly on a table, and if a suitable medium is present, in a short time sounds, like raps or detonations, are heard on the table, the chairs, the walls, or the floor, often varying in power and tone. . . . At other times, instead of sounds being heard, extraordinary movements of the table are seen, it rising and falling vertically or perpendicularly, and to different elevations of the floor, or sliding along the room first in one direction and then in another, or moving rapidly round it. . . . On more than one occasion we have seen the table rise from the floor without any contact. . . . no one being nearer than from two to three feet of it. Human beings also have frequently been raised off the floor and floated round the room in the presence of numerous persons.

"2. *Spirit Writings and Spirit Drawings*.—The former of these modes of communication is not unfrequent. Usually, the medium holds a pencil in hand as for writing, and, sometimes immediately, sometimes after a few minutes, the hand goes into involuntary motion, forming letters, words, and sentences, making an intelligible communication or reply to some question, verbal or mental, that has been asked. . . . With some mediums the hand is simply used mechanically, the medium not having the slightest idea of what is being written; with others this is accompanied by impression as to the immediate word or sentence that is to be written, but no further; I know one medium who sees before him in the air, or upon the table, the word he has to write. . . . Cases of direct spirit-writing, that is, not requiring the intervention of a mortal hand, are comparatively rare.

"3. *Trance and Trance Speaking*. . . .—In this state the trancee frequently speaks as from a spirit—sometimes in long and sus-

tained discourse ; and even at times in a foreign and (to the transee) unknown tongue. We have scores of times heard persons of but little education discourse, when in this state, with an amplitude of knowledge, which we are sure they did not in themselves possess, and with a logical coherence and power of expression of which in their normal state they were incapable. . . . This state is similar, if not identical, with that which in the same persons may be induced by mesmerism.

"4. *Clairvoyance and Clairaudience.* . . . .

"5. *Luminous Phenomena* are sometimes seen at spiritual *séances*. They are usually described as very brilliant ; sometimes they appear as stars, or as balls of fire ; at other times they shoot, meteor-like, through the apartment, or gleam over the walls, or appear as luminous currents circling round a particular centre, such as the hand of the medium, the pencil with which he is writing, or some object in the room.

"6. *Spiritual Impersonation*, or the representation or reproduction in a medium of the actions and manner, gait, deportment, and other peculiarities which distinguished the actuating spirit in his earth-life.

"7. *Spirit-music*.—A musical instrument, say a harp or an accordion, being held or suspended in the hand of the medium, or of some person near him, tunes are sometimes played on it by invisible agency, often in a very superior manner ; sometimes it will be a known and familiar tune, at other times spirit-music will be thus improvised.

"We know persons who often, when alone and unexpectedly, hear delightful music, apparently in the air, resembling, and yet unlike, any other they have heard. . . .

"8. *Visible and Tactual Manifestations*, such as the appearance and touch of *spirit hands*.

"9. *Spirit Intercourse by means of the mirror, crystal, and vessel of water.* . . . .

"10. *Apparitions of the Departed.* . . .

"11. *Visions and Pre-visions.*

"12. *Dreams.*

"13. *Presentiments.*

"14. *Spirit Influx*, by which ideas and sentiments are infused into the mind.

"15. *Involuntary Utterance,* . . .

"16. *Possession*.—We believe that many persons treated as insane are only so in the same sense as the demoniacs of old."

These quotations afford a sufficient basis of information concerning the alleged facts of spiritualism to enable us to investigate its nature and causes, and we now proceed to consider the whole matter under

two heads—first, the physical phenomena of a *séance* ; and, secondly, the results of spiritual dictation.

It has been conceded by the Spiritualists, over and over again, that the marvels of the *séance* are of the same nature with those wrought under the names of witchcraft, demoniac possession, mesmerism, &c. ; and it follows that the facts and arguments bearing upon the latter will apply to the former also. With this preliminary statement, it is necessary first to take into account the element of fraud that enters into such pretended miracles.

In the accounts of *séances* that are held in private houses, we are usually assured that no fraud has taken place ; and the character of the host is frequently adduced as a guarantee for the good faith of the performance. We must, however, take into account that all the tricks of a *séance* could be readily accomplished or surpassed by any of the intelligent gentlemen whose vocation it is to exhibit sleight of hand before the public ; and hence, where deception is not only possible, but easy, we want some better security against its occurrence than can be furnished by the presumed integrity of the proprietors of drawing-rooms. *Quis custodiet ipsos custodes?* There have been some very great rogues whose honesty would have been thought above suspicion, until the day when their knavery was detected ; there are many owners of ottomans and accordions whom it would not be difficult to dupe ; and there are even some individuals not wholly lost to a sense of the pleasures of hoaxing. Upon all these grounds, it is fair to require that every display of spirit influence should bear the test of a close and critical examination—and that even the tables of an entertainer should not be exempted from suspicion and from search. In order to show some of the methods of deception that were practised during the prevalence of mesmerism, we proceed to condense a few pages from the work of M. Morin, entitled, *Du Magnétisme et des Sciences Occultes*.

“About twenty years ago (M. Morin states) the famous Robert Houdin exhibited a new trick, of his own invention, which he called the *second sight*. It was performed as follows :

“A lad of twelve, being placed at one end of the exhibiting sa-

loon, Houdin, crossing to the other side, requested the spectators to bring to him any objects they might have in their possession. He then questioned the lad about these objects; and received exact descriptions of them without any hesitation or mistake. The following may serve as a specimen of the dialogue. "What do I hold *with* my hand?" "A piece of money." "Of what value?" "Five francs." "Of whose reign?" "Louis Phillippe's." "Of what year?" "1831." "What do I hold *in* my hand?" "A box." "For what purpose?" "A snuff box." "Of what material?" "Gold." "What is there on the lid?" "A portrait"—and so on. The rivals of Houdin forced to study his trick, at length discovered and imitated it, until at all the fairs the aerobats joined this second sight to their tumbling, and sometimes, in order to add the attraction of mystery to their performances, pretended to mesmerise the person who described the objects. The secret was eventually published, under the name of *anti-magnetism*. It consists in this, that the manner of putting the question conveys the answer. For instance, they would ask, "What do I hold with my hand?" "What do I hold in my hand?" "What is it that I have in my hand?" "What is it that I hold?" &c. By varying the form of question it is easy to establish a conventional language; such that the first form shall signify a piece of money, the second a watch, the third a ring, and so on. As the spectators only presented things that they were accustomed to carry, a very large number of forms of question was not required; and little dictionaries were published, by which, and by the aid of memory, any two confederates could reproduce the trick of second sight. M. Gaudon, among others, in a *brochure* entitled *The Second Sight Unveiled*, explains in detail many ingenious stratagems; and pleasantly relates that he practised some of them in the presence of a party of mesmerists, declaring throughout that the performance was but a trick. The mesmerists, however, maintained that his confederate was a clairvoyant, and himself a magnetiser of the first order; and would not believe otherwise until they were shown the exact method of procedure.

"It is now well known that this second sight is but an exercise of



ingenuity which does not require any unusual powers, and, notwithstanding the *séances*, somnambulism is nothing else. Whenever the magnetizer knows what the somnambulist ought to do or to say, he is able to prompt him in a conventional language, expressed either by words apparently insignificant, or by a pressure of the hand, or some other method of touch, or even by his manner of walking, or of approaching a seat. You write on a morsel of paper something that you wish to have done by the somnambulist; you give this paper to the magnetiser, who reads it, and who, without saying a word, places it in the hand of the subject. Presently what you have written is executed, and then the paper is shown to the applauding audience. It is but a trick. A touch of the hand has sufficed to indicate the part of the somnambulist. One magnetiser who became fashionable in Paris confessed to one of the most honorable members of the Philanthropico-magnetic Society, that he had 180 distinct methods of touching his subject; and that these were all signs, previously agreed upon, by which to make the subject do those things which the audiences were most accustomed to require. Being reproached for his bad faith, he replied that the magnetic lucidity was so variable, as often to require the assistance of other means.

“Certain magnetisers have devised means of communicating with their subjects, without the aid either of words or of contact. We will cite two examples. A juggler who exhibited the trick of second sight, exhibited also the transmission of sensations. The pretended somnambulist held a glass of water; and the performer announced that in drinking it she should experience the taste of any beverage selected by the audience. The name of the beverage required being written on paper, the operator, commanding perfect silence, placed himself behind his subject, and out of her sight, neither touching her, nor uttering a word, but making mesmeric passes with extended arms. While thus employed he panted violently, as if exerting an energetic effort of the will. The somnambulist drank; and after a few seconds declared that she had tasted whatever liquid had been specified upon the paper. In this case the loud and varied breathing of the operator was the language which served to indicate the beverage that should be named.



"A friend introduced to me a subject said to be endowed with a most rare faculty. This individual having withdrawn, a card was taken at hazard from a pack, and presented to the operator, who, first looking at it, placed it face downwards upon a sheet of white paper, and made believe to mesmerise it. By this process, he said, it left upon the paper an impress visible to the somnambulist. The card being removed, the operator seated himself on a chair, silent, immovable, and even with closed eyes, so as to remove all possibility of collusion. Then, as previously arranged, the subject was brought into the room, and having examined and smelt the paper, he announced, first the color of the card, and then the card itself. The operator, after receiving our tribute of applause, informed us that the performance was a trick, requiring neither mesmerism nor clairvoyance. The position of his legs with regard to those of his chair, and of his arms and hands, formed a language sufficiently copious to designate all the cards, and enabled the pretended subject to see, at a single glance, which one had been taken from the pack.

"It may be safely concluded, therefore, that in all cases where the magnetiser knows what is required from the somnambulist, and remains in the room with him, the performance is open to suspicion. Such exhibitions prove nothing, inasmuch as it is impossible to exclude from them opportunities of deception.

"It is also necessary to regard with caution all performances of which the programme has been laid down beforehand, because such may be pre-arranged between the mesmeriser and the subject, who then has only to go through the steps of his part in their order. At one period of the *soirée* he will be insensible, next cataleptic, then ecstatic, and so on. In such cases, to require a variation of the programme will often break down the whole performance. For example, at a *séance* at Vauxhall, there were two brothers; one magnetiser, and the other subject. The former went through a succession of experiments in his own order, and prefaced each one by a statement of what was about to be done; but he was generally at a considerable distance from his subject—and out of his hearing—which seemed a sufficient security for good faith. At length he announced

that he would draw his brother to himself from one end of the stage to the other ; and the better to display the force of the magnetic attraction, he invited four strong men from the audience to form a barrier between himself and the subject, and to endeavor to arrest his passage. The four men took their places before the subject, whose eyes were bound, and who appeared to see nothing, although this had not been ascertained with proper care. The audience waited with impatience the signal for bringing the attractive force into play. At this moment I advanced with an air of mystery to the magnetiser, took him by the hand, and drew him away from the position in which he had placed himself, inviting him to exercise his attractive force from his new station. We were so placed that the subject could reach us, in a direct line, without coming into contact with the four men. The magnetiser was evidently opposed to my proposition, but having announced that he had power to attract his subject at pleasure, he could not refuse to try an experiment more easy than that which he had announced ; the distance being less, and there being no obstacles in the way. He set himself to magnetise with great energy, blowing like a porpoise, and probably expecting that the subject, hearing his breath, would be warned of his change of place ; but, unfortunately for him, the noise of the audience drowned that of his breathing. The subject, thinking all prepared, started as if nothing had been changed. Using his fists vigorously, he soon dispersed the four men, and continued his course in a direct line to the place where he expected to find the magnetiser—and then stopped, resting as one who had fulfilled his task, and not appearing to care the least in the world to seek for him who was said to be his centre of attraction. He had not felt, therefore, the force said to be directed towards him, and had yielded to an imaginary attraction ; or rather, there had been neither attraction nor magnetism in the case, but simply a concerted programme between two individuals, of such easy tricks that no juggler would venture to exhibit them, although the public regarded them with wonder when presented under the name of mesmerism. The experiment of attraction had been accepted and admired for many nights ; and yet

one single preeaution was sufficeient to reduce it to its real value.

"In many exhibitions of clairvoyance, the eyes of the somnambulist are bandaged, and it is said that he can derive no aid from them. Those who have observed such exhibitions carefully, will not be slow to perceive the insufficiency of this preeaution. If the somnambulist can name correctly and immediately the objects presented to him, it may be concluded that he can see them. But this is seldom the case. Usually he takes the object in his hands, feels it, and endeavors to form an idea of it by the aid of touch; then conveys it to his forehead and his nostrils—complains of fatigue, and requires the intervention of the magnetiser to give him a fresh dose of fluid. During these preliminaries, if the magnetiser himself can see the object in question, it is clear that the experiment must go for nothing, because by a word, a gesture, or by some of the contrivances described above, he has the means of conveying information to his subject. But suppose that, not attempting to conceal suspicion of the mesmeriser, such precautions are taken as to prevent him from either seeing the object or conveying information, then the somnambulist, by dint of grimaces and contortions, may displace the bandage, and by holding the object in a certain direction, as on his chest, may get such a glimpse of it that, in the case of a writing, he may decipher one or two words. This result, which many persons think wonderful, is altogether ridiculous.

"I was assured that a very famous somnambulist could read through many sheets of paper; and I made one trial of his powers. His eyes were not bandaged, and were not even completely closed. I gave him a book which chanced to be at hand, and which was probably unknown to him. He asked me through how many pages he should read, and I answered, "Twenty." He opened the book at hazard, and applied it to his forehead with many contortions, then took a pencil, and wrote a line upon the book, saying that it would be found twenty pages further on. The leaves were turned, and the line found, not after twenty pages, but after ten, at a place corresponding to that on which he had written. Was this clairvoyance? It is possible,—and yet it may be doubted: the somnambulist, in

placing the book upon his forehead, had an opportunity of glancing rapidly at a line somewhere, and in order to be certain that he had not read in the ordinary manner, he should have been prevented from touching the book.

“In order to give proof of clairvoyance, or of a power of seeing through opaque bodies, it would be easy to take precautions that would leave nothing to be desired. For example, instead of a bandage, use a metallic mask, or even free the somnambulist altogether from such fatiguing restraints, and interpose sheets of paper between himself and the object—or close his eyes with the fingers, and place the object above his eyebrows. But when it has been proposed to Mdlle. Pigeaire, and to other somnambulists vaunted for their clairvoyance, to submit to these precautions, they have uniformly refused to do so, and have only consented to perform under such conditions that trickery, being possible, was to be suspected.

“During a *séance*, there are very few people who can control themselves sufficiently to listen in silence. Most frequently, the audience will talk with the somnambulist, will rectify errors as they are committed, and will approve correct answers; all of them proceedings that must facilitate the task. Often the manner in which a question is put is sufficient to suggest the response. Finally, the audience are astonished by a performance to which these aids have been afforded; they forget the inaccuracies and mistakes, and remember only what has been rightly said, without reflecting that they have themselves supplied the little truth that they have heard. Any person whatever, not clairvoyant, but guessing—having errors constantly corrected, and having ingenuity to frame fresh answers, could not fail to be right sometimes; and could officiate at consultations precisely similar to the bulk of those that are held daily by the somnambulists.

“Whoever wishes to be certain that the responses, as they should do, emanate entirely from the somnambulist and are not suggested piecemeal, should carefully refrain from any remark or observation. But the somnambulists do not like the persons who proceed thus. They say that such audiences set them at defiance, freeze and take

away their powers. And they say truly ; for, as most of them are not at all clairvoyant, and only accomplish tricks of address by making people chatter, if the audience remain silent, the performers can no longer play their little parts."

This lengthy citation from M. Morin, while it can not be regarded as conclusive against the pretensions of all mesmerists, is sufficient to establish that fraudulent practices were the rule, rather than the exception, in the public exhibitions of their art. It will be in the recollection of our readers that Sir J. Forbes instituted a searching examination into the performances of every professing clairvoyant who came before the London public ; and that in every single case, without exception, he either detected and exposed trickery, or else produced complete failure by the employment of precautions that rendered trickery impossible. It is well known also, that a bank-note of large amount remained, for a considerable time, as a prize for any clairvoyant who could decipher its number through two or three thicknesses of paper : a feat much more easy than many of those which they professed to accomplish daily. We believe that no attempt was ever made to obtain the note in question—and, at all events, no such attempt was successful.

From these facts we infer that, as all the physical phenomena of so-called spiritual intercourse could be produced with great facility by simple mechanical contrivances, it is reasonable to suppose that they are so produced in the majority of instances. Mr. E. Delaware Lewis, in a recent number of *Once a Week*, describes a spiritualist *séance* at which he was present, and speaks of the contrivances by which the effects were produced as being too transparently fraudulent to impose upon any but the most credulous of mankind. That the desire to believe and to wonder does very seriously affect the faculties of observation and judgment in many cases, is a truth too familiar to be called in question ; and it has lately received a remarkable illustration in a paper called *Stranger than Fiction* ; the strangest thing about which was, that it found admission into a publication so respectable as the *Cornhill Magazine*. The writer, supposing him to write in good faith, has so jumbled together posi-

ble occurrences with opinions and with accounts of his own emotional state, that no judgment whatever can be based upon the resulting medley. Offering himself to the public as a narrator of events which he admits to be scarcely credible, he yet exhibits in every line of his composition the most absolute ignorance of the ordinary sources of self-deception. He relates, for instance, that Mr. Home, the medium, went *floating about in a darkened room*; and that the audience could "judge by his voice of the altitude and distance he had attained." It is humiliating to think that any one, in a position to be described as a personal friend by Mr. Thackeray, can have composed such rigmorole as this, or can be ignorant that a modulation of the voice, sufficient to produce erroneous impressions with regard to the altitude and distance of the speaker, is the easiest of all possible performances. On the face of the record there is not a tittle of evidence that Mr. Home floated about the room at all; and the facts appear to be that a dark outline, resembling that of a human figure, was seen to cross and recross between the spectators and the window, that something, stated to be a foot, touched somebody's chair, and that Mr. Home carried on a conversation, in the course of which the tones of his voice varied from time to time. The writer does not appear to have a suspicion that these events are a sorry foundation for the very splendid hypothesis that has been raised upon them.

It is curious, but in the *Spiritual Magazine* for June, 1860, there is an account of two evenings with Mr. Home; and the tricks recorded are in all essentials identical with those described in the *Cornhill Magazine*. The narrative given in the latter, however, is much more highly colored than that in the former; and a comparison between them leads irresistibly to one of two conclusions. Either Mr. Home's range of performance is limited, and the pursuits of his familiar spirits are remarkably monotonous, or else the two narratives refer to the same events. In the latter case, Mr. Thackeray's friend of twenty-five years' standing has drawn the long bow, for the edification of the general public, with a vigor and success altogether unapproached by the reporter for the special organ of the Spiritualists themselves.



Taking all the circumstances into account, we do not hesitate to express a very decided opinion that nine-tenths, or a larger proportion, of the physical manifestations of so-called spiritualism are neither more nor less than impudent frauds upon the credulity of the public; and we trust that some competent observer will undertake, with regard to them, researches analogous to those by which Sir John Forbes demolished the pretensions of the mesmerisers. We must fully admit the propriety of Professor Faraday's refusal to investigate such matters, based, as it was, upon the better occupation of his time; but there are many who might accomplish the task, as an amusement during leisure that would not, perhaps, be more usefully employed elsewhere. The mechanical and other contrivances in use are probably various, but there is little doubt that any one, possessing a moderate practical acquaintance with the applications of physical and mechanical science in the production of ordinary conjuring tricks, would very soon lay bare the more common methods of procedure; some of which, indeed, since this paper was written, have been graphically described and illustrated in the pages of *Once a Week*.

In the next place, we may remark that many of the statements made by the Spiritualists can not possibly be true. We will not discuss the physical impossibility of table-lifting without the employment of adequate force, so long since pointed out by Professor Faraday, but will select, by way of illustration, such a sentence as the following:—

“We have heard the rappings upon the floor, as if produced by a crutch: in this case, a lady present informed the circle that that was the mode in which the spirit of her grandfather signalled his presence to her. . . . *All present saw exactly the spot whence the noise came, though no crutch or other means of making the sound was visible.*”—*Sp. Mag.*, No. 2.

Now it is very well known that the human senses are not so organized as to afford means of “seeing exactly the spot” whence a sound comes; nothing being more easy than to be deceived with regard to this very point. An exhibition of ventriloquism is a sufficient proof of this position; and a reference to the physiology of



hearing will of course place the proof upon a scientific basis. Mixed up with a description of the alleged *facts* of spiritual intercourse, we have, therefore, a statement that is necessarily untrue, because it involves an impossibility ; and it is difficult to avoid the supposition that a similar recklessness of assertion may characterize other parts of the same narrative.

Upon many points that would allow the application of tests, the language of spiritualists is too vague for refutation. For instance, they claim for trancees (*Sp. Mag.*, No. 2,) a power of speaking about things, and in languages, lying beyond the sphere of their natural knowledge ; and this claim is not sufficiently definite to be scrutinized. It is the most familiar of physiological facts that, in certain conditions of the nervous system, past sensory impressions, that need not have been understood, may be recalled ; and in this way sentences of unknown or of forgotten languages, or scraps from scientific lectures or treatises may be brought back to the memory, and uttered, under the influence of suggestions or associations that would be inoperative in the normal state of the system.\* So far as this goes, we may admit the facts alleged by the spiritualists, and deny their conclusions ; somnambulism, either natural, hysterical, or artificial, being a sufficient explanation of such occurrences ; and the only condition necessary to the so-called miracle being that what is uttered should have been *heard* by the speaker at some former period. If the mediums claim more than this, they must assume one of two positions : either that the spirit communicating speaks with the precise amount of knowledge that it possessed whilst inhabiting an earthly body ; or else that the spiritual state involves an increase of knowledge with regard to physical science, and with regard to the

\* The writer once attended a lady who, for two or three days, was delirious after childbirth. She had been born in France, had resided there during infancy and early childhood, and spoke the language fluently ; but was very slightly acquainted with French literature, and for several years had been away from French people, and from opportunities of French conversation. During her delirium, she sang French cradle songs continually, songs that she could not recall after her recovery. It is obvious that her memory was taken back to the sounds that she had heard in her nursery, and that she had long forgotten.

deeds done, and the languages spoken, upon the earth. Each of these hypotheses would admit of speedy and practical demonstration; and either of them, if found correct, would lead to results eminently advantageous to mankind. If the former alone were true, we should be able to obtain from mediums a vast mass of information concerning past occurrences that are imperfectly recorded or understood. Scholars would rejoice in the restoration of works now known to us only by precious fragments. Historians would terminate forever their disputes about by-gone facts. The departed miser would reveal his hoarded store; and the spirit of the victim would denounce the secret murderer, and point out the collateral evidences of his guilt. If the latter were true, the world would have realized, long before this, consequences which, but to think of, bewilders the imagination. Philosophers, painfully and laboriously seeking after truth, are surrounded in every department of inquiry, by a dim circle of hypotheses, standing between positive knowledge and the unknown. If, by communication with higher intelligences, they could be freed from the doubts that these hypotheses imply, the progress of the last fifty years, vast as it has been, would speedily sink into comparative insignificance. Bishop South, in his noble sermon upon the character of Adam, uses the known capacities of manhood to illustrate the unknown. "All those arts," he writes, "varieties and inventions, which vulgar minds gaze at, the ingenious pursue, and all admire, are but the reliques of an intellect defaced with sin and time. We admire it now, only as antiquaries do a piece of old coin, for the stamp it once bore, and not for those vanishing lineaments and disappearing draughts that remain upon it at present. And certainly that must needs have been very glorious, the decays of which are so admirable. He that is comely when old and decrepit, surely was very beautiful when he was young. An Aristotle was but the rubbish of an Adam, and Athens but the rudiments of Paradise." Surely we may pursue this magnificent parallel, and may learn from the vintage yielded by science in our time something of the possible scope of an intercourse that should realize what charlatans profess. We turn from such contemplation to the facts; and we find that modern spiritualism, as

it is distinctively called, after six years' existence, has culminated in that brief elevation of Mr. Home, the very reality of which we have seen reason to call in question. Like its prototype of the time of Apollonius and of Simon, like mesmerism, divining rods, and table-turning, spiritualism has been absolutely barren of results. It has not added an iota to the sum of human knowledge, it has not settled a single doubt upon any subject. We judge it by its works—that great test applicable alike to doctrines and to men—and we find it entitled to a place with fifth-rate jugglery or gypsy fortune-telling.

The special forms of "physical manifestations" need not occupy much of our remaining space. Table movements, it is evident, may be produced either by unconscious muscular action during expectant attention, by the knee or foot of the medium or of an accomplice, or by machinery. The sources of the raps and other noises may be infinitely varied at the will of the performer. The appearance of spirit-hands has been greatly elucidated by the cartoons of *Punch*; and their feel by the following curious sentence—taken from the August number of the *Spiritual Magazine*—"the darker part of the room, and here arose a scene of indescribable confusion, but still producing feelings in no way unpleasant, though we knew not, *when we touched each other, who were spirits and who were fleshy human beings.*" !! It is, of course, possible that certain individuals may have spectral illusions—or subjective sensations as of hands; and here again the influence of expectant attention affords a sufficient clue to the phenomena, if such occur. On the same principle, luminous appearances may be explained; but these may be readily produced by most persons, in any dark room, without the intervention of a medium at all. They were made by Baron Reichenbach, the basis of a perfect avalanche of rubbish about a so called od-force; a very complete examination of which may be found in the *Brit. and Foreign Med.-Chir. Review*, vol. viii. p. 378.

The terms od-force, odylic sphere, magnetism, magnetic fluid, electric fluid, &c., &c., form part of the machinery by which the spiritualists impose upon the credulity of the public. These terms are used as if they had definite and exact meanings, like water or milk;

or as if the magnetic fluid or the electric fluid could be bought by bottlefuls of a druggist. The frequenters of the *séance* are probably not aware that the term "*fluid*," as applied by philosophers to electricity and magnetism, is nothing but a provisional name, and perhaps an unfortunate one, for agencies, the precise nature of which has not been discovered. There is no certain evidence of the existence of electricity as a distinct entity—as a fluid, and the word is only used as a convenient designation for the unknown cause of certain molecular changes in material bodies. Unfortunately, the public are not aware of this. The existence of the electric and magnetic telegraphs leads many an honest man to believe that if he knows nothing about their respective "fluids" himself, others understand them thoroughly; and he accepts the pseudo-scientific jargon of the day as containing the complete theory of spiritual existence. It cannot be declared too loudly that these words, impudently put forward as the representatives of knowledge, are in reality nothing but the scanty coverings of the most utter ignorance; and that as employed in the *Spiritual Magazine*, and similar publications, they are absolutely without any intelligible meaning whatever.

It is impossible to conclude this part of the subject without some reference to the men by whom the so-called spiritualism is upheld. Leaving hired mediums out of the question, the most prominent names in the *Spiritual Magazine* are those of Dr. Ashburner and William Howitt. Of these gentlemen, the former was unpleasantly conspicuous in connexion with the practice of mesmerism in a metropolitan hospital. Since then, mesmerism has fallen into desuetude by force of utter worthlessness, and its some-time champion appears as the apostle of a new delusion. Mr. Howitt is known to us only as having worked industriously for booksellers—a vocation more favorable to the memory and the invention than to the judgment. In their proper spheres, or even in any decorous and modest statement of their opinions, those persons are doubtless worthy of respect. But when Mr. Howitt epitomizes nearly the whole of the human race—namely, all who do not accept his hypotheses concerning spiritualism, under the fanciful appellations of Homo-Sus-Eruditis and Ho-

mo-Talpæus, and when both he and Dr. Ashburner raise their pigmy voices in railing against the gigantic intellect of Faraday, they put themselves beyond the courtesies of ordinary criticism. Our indignation at their failure in the respect due to the great philosopher of whom our age and country are so justly proud, must of course be largely tempered by a sense of the overpowering absurdity of the contrast that their assault suggests ; but upon such criminals, however contemptible, justice must be done. "What," says Pope, "must be the priest, where the monkey is a god?" What shall we think of a trickery that has Home and Harris for its oracles—Howitt and Ashburner for the guardians of its shrine?

From the physical phenomena of spiritualism, we may now pass on to an examination of its literature, both descriptive and (professedly) dictated. The *Spiritual Magazine* is the most prominent example of the former, as the writings of Mr. Harris are of the latter.

The *Spiritual Magazine* need not detain us long, and only requires notice in order that we may point out a curious family likeness between the compositions of its various contributors. Through every diversity of style, through various degrees of knowledge, the imbecility of mind necessary to a belief in "spiritualism" makes itself apparent. From the fourth number we quote a portion of an article—italicising certain passages that are especially worthy of remark.

"The Rev. T. L. Harris, in his sermon of the morning of the 19th of February, 1860, said, as far as my memory serves me: 'Every flower, fruit, and tree emits into nature the best portion of its being—its essence. But who has seen the aromal essence of a flower? Who has beheld the essential form thus given off into the universe?'

"This question caused me to remember a curious circumstance which occurred some months ago at the residence of two relatives, neither of them sharing those spiritual beliefs which I hold dearer than life. I will briefly relate the facts, for there are two. The first is as follows:—

"Another near relative and myself had visited my two lady relatives; and after tea, in the evening, a beautiful night-stock was placed on the table underneath a gas-lamp with two burners, one of which only was lighted, with a green shade to throw the light down. As the fragrance of the flower diffused itself through the room, it was remarked by all of us, and I, not being familiar with the plant, was led to examine it more closely. And as I looked there seemed



to be a floating mist rising from the flowers of the plant, which I immediately mentioned to my relatives; one of them, the one who accompanied me, and whose hand is used for spiritual communication, looked intently, and after a long time saw the 'smoke,' as we termed it, and then another of the party saw it—one of those who are incredulous on the subjects discussed in this magazine. But the fourth person did not see it.

"I have long noticed, it is here necessary to remark, that when I put my two forefingers nearly together, a spark invariably passes from the extremity of the right forefinger to the corresponding extremity of the left. Nor have my own eyes alone seen this; it has been seen by others, *and I have no doubt that under conditions, and if experiments be instituted on the point, this will be found common to all persons who, like myself, possess sanguine-nervous temperament.*"

The writer proceeds to relate that he approached his left forefinger to the stock, and that he immediately "perceived and felt" a flash (electric or odylie) pass to him from the flower. He appears to mean, moreover, that this power of "flashing" was continuous, and not exhausted by exercise; for he says, "The right forefinger produced *similar flashes*, but of less intensity," and he then breaks out into the following rhapsody—

"I regard this as a matter of science, *although* I do not for one moment doubt that spirit pervades all matter. The question for consideration is, What caused the flash *from* the flowers and leaves? It could not be with force of my own, as I was unprepared for the result; more probably—I throw it out only as an opinion—I had broken in upon the odylie sphere of the flower, which thus reacted upon the electro-odylie battery of my nervo-sanguine system. Cornelius Agrippa (whose three books on Oecult Philosophy contain a mass of wonderful speculations upon nature, man, spirit, and God,) suggests the existence, *throughout his work*, of a subtle essence, sympathetic and antipathetic, between all things. *It is a matter for investigation; and until a series of facts are eliminated by independent observers, must remain uncertain.*"

It is possible that these pages may fall into the hands of some readers who are unaccustomed to scientific phraseology, and unacquainted with scientific facts. Such a possibility, and such only, will justify a brief commentary upon what is intended to be conveyed by this twaddle about tea and relatives.

In the first place, the sentence from Mr. Harris, the text of the

whole affair, is absolute and unmitigated nonsense. If by *essence* be meant *perfume*—it is of course not true that every flower, fruit and tree emits it—because the vast majority are scentless. Neither is it true that this essence is anything invisible or recondite—as implied in the “Who has beheld?” &c. ; for it consists—where it exists at all—of an essential oil, well known to chemists, and easily procurable in a separate form. If perfume be not intended, but something else, then that something must be either a definite chemical existence, such as oxygen—about which there is no mystery—or else a mere figment of Mr. Harris’s diseased imagination. Then what is the meaning of “emits into nature”? What is “nature”? Plants emit their volatile essences into the atmosphere, which is part of “nature” in one sense of the word, just as the plants themselves are parts of it ; but Mr. Harris seems to imply that the plant stands outside “nature” and throws something into it. Again, “the best part of a plant.” What is the “best part” of a plant? and how does any one know that the part specified, whatever it may be, is, in any real sense, better than the rest? We apprehend that the only rational application of “best” to part of a plant, would be to the part most useful to man ; and that this would be rational only in a very restricted sense—because the various parts are interdependent, and more or less necessary to each other. But such as our quotation are all the compositions of these would-be mystics, whether they call themselves Spiritualists or not. Words capable of being used in a dozen different senses, and sentences which, when analysed, are seen to be without any particular meaning, make up the sum of the literature of the marvellous—as created by believers.

It is mentioned in all elementary treatises on botany, that the anthers of certain plants are elastic ; and in bursting, cast out the pollen, or fructifying dust, in little clouds or puffs. Such an arrangement is chiefly found in erect flowers, having a style higher than their stamens ; and it provides for the conveyance of the pollen to the stigma. We have here a sufficient explanation of the “smoke” from the plant, if, indeed, this were any thing more than a subjective sensation ; and the dry atmosphere of a gas-lighted chamber would



be very favorable to the occurrence of the phenomenon in question.

It is obvious that the flash said to have passed between the fingers of the observer, could not have been electric. An electric spark would not be visible against gas light; and no such spark could be obtained in the manner described. An electric spark passes, whenever two bodies, differently charged with electricity, approach each other under favorable conditions. But, if it were possible for the right and left forefingers of an individual to be differently charged, the equilibrium would be restored through the unbroken continuity of the bodily tissues, and not by a spark passing through the atmosphere.

The other hypothesis suggested is, that the flash was "odylie." Now "odylie light" is a new name for a very old thing; that is to say for sensations, like those produced by light, but dependent upon changes in the sensorium itself, and not upon impressions from actual light falling on the retina. The optic ganglia of the sensorium are so organized as to convey, in their normal state, no impressions but those of light. It follows that almost any change wrought in them, and there may be many such, conveys the idea of light to the mind. Pressure on the eye produces a luminous spectrum. Blows on the head are well known to have the same effect. Expectant attention—*i. e.* partial hypnotism, produces all sorts of luminous appearances, which, like those from blows or pressure, have no reality outside of the spectator. It is very likely, therefore, that the writer whom we quote may see "flashes" under a great many circumstances, all of them depending upon the state of his own nervous system: but, when he talks of other people seeing the same "flashes," he falls into the droll mistake of the Irishman, who, having had his head broken on a dark night, swore that he had recognized his assailant by the light that gleamed from his own eyes on receipt of the blow. It is of course possible that two independent flash seers may meet over the same pair of fingers, or the same flower-pot; but the identity of their flashes, unless pre-arranged, could be disproved by the simple device by which Daniel overthrew the testimony of the elders.

The remaining paragraph that we have transcribed is so utterly without meaning, that it may be useful, perhaps, as a mnemonic exercise. It ought to have been presented to the public for this purpose; as a dictation by the spirit of Foote, and as a continuation of the following :—

“So she went into the garden to cut a cabbage-leaf to make an apple-pie, and while she was there, a great she-bear popped its head into the shop. What! no soap—so he died; and she very imprudently married the barber, and there were present the Jobbilies, and the Garuylies, and the Piccalillies, and the great Panjandrum himself, with the little round button at top, and they all fell to playing the game of catch as catch can, till the gunpowder ran out at the heels of their boots.”

In papers of more pretension, in the *Spiritual Magazine*, we observe always the same confusion of thought, and the same obscurity of language. There is a Dr. Blank—professedly, and very possibly, M. D. Cantab.—who undertakes to record FACTS. He says, “I boldly claim for the facts I have here recorded that their evidence has been carefully tested by me and my friend X. Y.” Now there is not the remotest indication of this testing in his descriptions; and we infer that Dr. Blank, like the author of *Stranger than Fiction*, has still to learn that very rudimentary piece of knowledge, the meaning of the word “fact.”

We turn next to Mr. Harris, regretting that the space at our disposal compels us to treat him with a brevity that will accord with his merits, rather than with his pretensions.

The latter are nothing less than Apostolic. Himself a progressed “medium,” and having passed through the physical and intellectual, to the *spiritual plane* of mediumship, he now says that he possesses—and he only—the power of discriminating between good and evil spirits—*e. g.*, between the spirit of Paul the Apostle, and an evil spirit personating that of Paul. With the delicious vagueness of his kind, he thus describes the powers with which he has been endowed :—

“Differenced, as to states, from the men of the present age, by means of an opening of the internal organs of respiration, which is continued into the external form, I inhale, with equal ease and free-

dom, the atmospheres of either of the three Heavens, and am enabled to be present, without the suspension of the natural degree of consciousness, with the Angelic Societies, whether of the ultimate, the spiritual or the celestial degree. It is impossible to inhale in this continued manner, from the celestial into the corporeal, without living among the angels. Inhaling the divine aura, by means of which respiration is continued, they exist in a waking reality of Divine Wonders. They enjoy, objectively, the vision of the Lord as a sun, illuminating, with the light of infinite truth, the expanses of the firmament. He manifests Himself in a verbal revelation through the word, which exists in every Heavenly Society. He is also made known to them in a direct appearance, and is transfigured before them in His Divine Human Form. Besides this, He speaks to them by an inmost voice which is audible in the sanctuaries of the breast. All of that tender intimacy which existed, in natural representatives, between our Lord and His disciples, during the period of His incarnation, is realized in His presence with the Angels. Having been finally intromitted into these three degrees of interior respiration, I was led upward, through the series of experiences of which the narration now ensues, that, by a pathway of easy and instructive transitions, I might approach the state of qualification to understand the arcana contained within the Celestial Sense of the Divine Word. At the close of these initiations, as will be found in the context, it was my privilege to behold the Lord, whom I saw in His Divine Appearing, and who laid upon me the charge of receiving and unfolding such of those arcana of the celestial sense as are contained within this volume, and as will in due time be given to mankind in continuance of the labor which is here begun.”\*

Into the discussion of such claims as these, we can not, of course, enter, but must content ourselves with looking at Mr. Harris's writings by the light of internal evidence alone. We are told by Mr. Howitt that the progressive nature of Mr. Harris's inspiration, and his constantly increasing enlightenment, produce changes in his views from time to time; and hence that we must not, in judging of his works, take occasional contradictions into account. Thus he has “*of late* broached the old doctrine of the perdition of certain souls; whereas, in 1855, he was a staunch Universalist.” We have more to say about Mr. Harris than the pages at our disposal can receive, and therefore we will leave the question of contradiction as we find it.

The “gifts to mankind” consist, at present, as far as we know,

\* *Arcana of Christianity*, Part I. vol. i. p. 7.

of poems, sermons, and the "Arcana of Christianity." These must be briefly noticed in their order.

The poems are of various kinds—sacred and profane. The following is the first verse of a hymn "given" by a spirit; and it is followed by three or four more of the same quality. The leading idea is one that no ballad-monger can degrade; but it was revealed to mankind before Mr. Harris's time, and we have only to do with Mr. Harris's treatment of it:—

"Oft when *storms of pain* are rolling,  
And I cross *the fiery sea*,  
Comes a voice, my heart consoling,  
Jesus loves me,—even me."

With great submission to better judges, we think that the words italicised must have been a "gift" from the spirit of Mr. Robert Montgomery.

The next is a parody on "I dreamt that I dwelt in marble halls." Like the former, it is not original in conception, although strikingly so in treatment:—

"I dreamt that I dwelt in fiery halls,  
With a serpent by my side;  
She wound me in her venom'd coils,  
I had a demon bride.  
She spoke with lips like snakes that stung,  
And breath of *poisoned* flame,  
You ruined me when my heart was young,  
But I love you all the same.

My *heart* is now an *adder's* lair,  
My *body* turned to *mould*.  
I sit alone in dark despair,  
Within the devil's fold.  
For you I drank the cup of doom,  
The harlot's sinful shame.  
Come, clasp me in our fiery tomb,  
For I love you all the same.

We drank of passion's cup, alas!  
And reap what we have sown;  
And see in hell's huge looking-glass,  
*What beauties we have grown*.  
You are the corpse of manhood now,

In spite of all your fame ;  
But, foul deceiver, hear my vow,  
I love you all the same.  
  
I'll make your heart my *dressing-gown*,  
And on it I will sit;  
And, *like a rat*, your soul I'll drown  
In hell's unfathomed pit.  
Take back, take back, those fires of lust,  
In wreaths of snaky flame,  
I spit on thee, thou devil's dust,  
But I love you all the same."

We offer these stanzas as a sufficient illustration of the surpassing beauty of "spirit-poetry." They are indebted to the "giver" for nothing but their precise verbiage—the rhythm being a parody, the idea that man's sin shall find him out, not being new, and the particular application of this idea being expressed, in every detail, by Swedenborg. If any reader wishes to institute a comparison between a "spirit" poem and a "fleshy" one, on the same subject, we recommend Campbell's ballad of the "Spectre Boat," as an illustration of the manner in which similar materials have been handled by an author of taste and genius.

The sermons are somewhat out of our direct line of criticism. They are what many people would call "fine compositions;" and are overloaded with tumid verbosity, and disfigured by such coinages as "*Familism*" and "*Outmostly*," until the actual meaning of the sentences can scarcely be discovered. When found, it is often like the "Emission of Essences" notion that we have already quoted; but, in general, the leading idea seems to be an approaching union of Christians of all denominations on a higher level of faith and duty than that of any single sect; and the means thereto, a general disregard of doctrinal distinctions. We do not ourselves feel that sound doctrine is a thing to be laid aside like an old garment; and we fail to see any evidences that these sermons are not the result of preparation and thought like the sermons of any other man. They are professedly "mediatorial," which means, in the slang of the spiritualists, that Mr. Harris is but the instrument of their delivery, and that he has no share in their production.

The "Arcana of Christianity" might have, as its second title, "The Spiritual Gulliver." Purporting to be a commentary on the first chapter of Genesis, it contains an account of Mr. Harris's visits to the Heavens, the Hells, and the planetary bodies—including some of the latter not known to astronomers. It contains, moreover, a particular history of the youth, education, decline, and fall, of the great enemy of souls—upon a planet now destroyed by reason of his crimes, and those of his followers. We can not enter into any detailed examination of the volume, but must be content with stating general conclusions. Apart from any question of probability, we think the book is not to be received as truth, and for the following reasons :—

In the first place, there is an absence of that verisimilitude, arising from minute touches of description, by means of which the græce of fiction—

"Has power  
To render things impossible believed;  
And win them, with the credence of an hour,  
To be for truths received."

We are told that the inhabitants of the moon are little people, like children of twelve years old, and "breathing from the abdomen;" that the men of Jupiter are of a sky-blue color, dotted over with gold spangles, and so on; but we never stumble upon a sentence that conveys, by some little word, or turn of thought, the idea of a recital of actual experience. Safe generalities, sufficiently like the generalities of this world to remind us that imagination may alter, but can not create, make up the bulk of the narrative. We find nothing quite unlike our present surroundings. We do not find any clue to the manner in which life is maintained upon those planets that are placed under physical conditions widely different, probably, from those of the earth; and we suspect that Mr. Harris, on his "natural plane," is not aware of the difficulties of this kind that are perceived by philosophers. However this may be, he contributes nothing to their removal; and the want of the details which such a spiritual traveler ought to relate, leads us to conceive that his book, as far as there can be a more or less in the matter, is less true than Gulliver's travels.



In support of this opinion, there is, moreover, something like positive evidence, if it be searched for. We must be content with a single illustration :

Swedenborg, whom, in all essential matters, Harris professes to confirm, describes the "angelic language" as surpassing the power of man to conceive, and as resulting from a direct relationship between sounds and ideas. Harris, describing an angel originally from the planet Saturn, writes, "He spoke in a language which seemed composed of liquid sounds, divested of all harshness." And yet we read, in the same volume : "There is a planet beyond the orbit of Neptunus, as it is externally styled, *which is called Polyhymnia BY THE ANGELS*. If it were *Πολύμνια*, or even Polymnia : but Polyhymnia ! and by the angels ! It would not, perhaps, be inconceivable that an angel should speak Greek to Mr. Harris ; but anglicized Greek is too much of a good thing ; and the words quoted certainly imply that the planet is called Polyhymnia among themselves. We read also of another planet, "between the sun and Mercury, *called Corona ;*" and why one planet should have a name that is half Greek, and another, one that is entirely Latin, we must confess ourselves wholly at a loss to understand.

There is another objection to Mr. Harris's writings, one that it is painful to urge, and yet not possible to ignore. The *Arcana of Christianity* abounds with passages concerning sexual love, earthly, planetary, angelic, and demoniac, until, indeed, directly and indirectly, the relations between the sexes furnish the most prominent subjects in the volume. Some of the passages are only voluptuous ; others absolutely filthy. In Polyhymnia "the yieldings of the bride are in obedience to the descent of a direct influx from the Lord Himself ; but more than this I am not permitted to narrate. The bliss of nuptials is prolonged to the close of life, when it gently merges into immortality. The wife is as fond at ninety, about which period translation generally takes place, as in the sabbatic rapture of the bridal dawn. They have no name for coldness, because it is never experienced, nor are the wives ever satisfied but to rest in their husband's embraces, &c., &c." In this world "those unfortunate crea-



tures who prostitute their bodies for gain, are attended by demons, who live, *as to their subtle organic parts, so far as they are magnetically extended into the subtle realms of nature, by absorbing into their bodies the degraded substance which otherwise might become invrought into the corporeal tenements of little children.* Hence it is that after a period they (qy. the demons) are able to become mothers no more." We can not give any other examples of this balderdash; but all practical physicians will agree that such an excessive prominence of erotic ideas throws great light upon the condition of the author of the work; and forcibly suggests the means by which that condition has been produced.

It is curious, moreover, that similar thoughts and feelings were commonly manifested by those persons who, in the sixteenth and seventeenth centuries, abandoned themselves to the delusions of pretended witchcraft and sorcery. The explanation may be, however, that the great majority of these unfortunates were crazy; and therefore, as sexually excited lunatics are always a numerous class, and as demonomania was, at that time, the prevailing type of insanity,—so the frequent combination of the particular depravity with the particular hallucination may be ascribed, perhaps, to necessary coincidence alone. Whatever the explanation, there can be no doubt about the facts; for the accusations against the supposed witches and sorcerers always imputed, and their confessions under torture always admitted, actions prompted by morbid sexual desire. For instance, the following passage is cited by M. Figuier from the official abstract of the confessions of persons condemned for sorcery and witchcraft, in 1609, by MM. Espagnet and Delancre, commissioners appointed by Henri IV. to investigate and punish an outbreak of demonomania in the neighborhood of Bayonne. The original is given in the French language; but, from considerations which Mr. Harris ignores, we have thought it best to present it to our readers in Latin.

"Modum reperierunt quo uxores amplexibus maritorum abripiant; et, sancto sacroque vinculo conjugii violato, mœchantur et fruuntur coram ipsis maritis, qui, velut statuæ immobiles, sui honoris damnum conspexerunt sine potestate ut tanto secleri obstant. Ipsa conjux,

muta, coactâ silentiâ superata, frustra auxilium mariti implorat :—maritus, fasciuatus, impotensque, oculis apertis, decussatisque brachiis, suum dedecus aspicere compellitur.

“Saltare inverecundissime, epulari fœdissime, cum demoniis copulare, blasphemare turpissime, ulcisci insidiose, omnibus libidinibus horrificis subsequi, pædicare flagitiosissime, bufones et viperas de voluptate animi alere, omnigena rara acouita habere, caprumque graevolentem amare et amplecti, feruntur.”

The conclusions that force themselves upon us, after this hasty review of the physical and literary phenomena of spiritualism—may be summed up very briefly. We think that these phenomena are the results of three elements, hypnotism, fraud and delusion ; and that these have all been present in almost every *séance* of which we have seen any record. It is clear from internal evidence that the works professedly dictated by spirits contain nothing that might not emanate from the brain of the medium ; and that their lofty pretensions can not for a moment be sustained in the face of criticism. We do not feel called upon to attempt to separate mere folly from actual fraud, or to indicate on which side of the boundary line our personal convictions would induce us to place this or that prominent believer. We say farewell to the so-called Spiritualists as a whole ; wishing the rogues more honesty, and the dupes more sense.

#### ON PUERPERAL INSANITY. By J. H. WORTHINGTON, M. D.

“It would be difficult to find,” says a writer in a recent medical journal, “in the whole range of mental pathology, a subject more worthy of interest than Puerperal Insanity. The circumstances of anxiety and distress under which it frequently originates, the lives, or at least the reason, of two human beings simultaneously placed in jeopardy, the serious difficulties attending its treatment, the medico-legal questions, often so embarrassing, to which it may give rise,

and the evident though complicated relations between the cerebral functions and those of the uterus, commend it equally to the consideration of the jurist, the investigations of the alienist, and the attentive study of the physician." Yet if we examine the literature of the subject, we shall find a remarkable dearth of authorities to which we may turn for information. The treatises on insanity, with few exceptions, among which the work of Esquirol is the principal, treat the subject very briefly, and the writers on obstetrics are not more satisfactory. The late Dr. Macdonald of New York, and Dr. Gundry of Dayton, Ohio, in this country, and Dr. Marcé in France, have published in the medical journals, and the latter in a treatise especially devoted to the subject, the results of their investigations in this field of medical research. To their labors I am indebted for most of the facts which are presented in this paper.

It may be proper to premise that the term "puerperal" does not signify any thing essentially distinct, either in the character of the cerebral symptoms, or in the type of the mental disorder, but simply that the physical derangements attendant upon pregnancy, childbearing and nursing, are the principal cause of the insanity which would be equally produced by any other physical suffering or constitutional disturbance of the same intensity. Neither does it imply that the disordered action of the brain, to which the mental derangement in puerperal insanity is immediately owing, is strictly sympathetic with, and dependent upon, the various physical disorders which accompany childbearing; because if this were so the insanity would necessarily cease on the termination of these disorders, which is far from being always the case. Nor is it intended to convey the idea that the physical disturbance and suffering which attend upon the puerperal state, are the exclusive causes of the insanity which follows. There are doubtless cases in which the patients would pass safely through the perils of childbearing, could they be protected from the influence of various circumstances of an injurious character. All the moral causes which are capable of producing insanity in the non-puerperal state now act with two-fold power, and occurrences calculated to affect deeply the emotional sensibility, are fre-

quently combined with the physical causes incident to childbearing in producing an attack of insanity. The injurious effects of painful emotions were so well known in ancient Rome, that it was the custom to suspend a crown from the doors of houses where women were in labor, to indicate that such houses were to be held sacred from all intrusion; and Van Swieten informs us, that in the city of Haarlem, such houses were also designated for a similar purpose.

There are no records which show satisfactorily the proportion of women who become insane, to the whole number confined. In the Westminster and Queen Charlotte's, two large lying-in hospitals of London, of 5,500 women confined, only 20 were attacked with the disease during their residence in these institutions, and in others of the same kind the proportion has been still smaller. These facts do not, however, show the whole number attacked, as the time spent in lying-in hospitals after delivery is usually very short, and does not include the period of lactation, which furnishes a considerable proportion. Making, however, every allowance for these cases, the statistics above cited are sufficient to show that only a very small proportion of all the women confined are affected with insanity. The proportion appears much greater when it is estimated upon the whole number of insane women admitted into public institutions. Dr. Gundry has collected from various sources the statistics bearing upon this point, based upon 16,109 cases, of which 1,434 were connected with the puerperal state, a proportion of nearly 9 per cent. The puerperal state is generally considered as commencing with pregnancy, and continuing until the time of weaning or a little later, and is divided by most writers into three periods,—the first being confined to utero-gestation, the second extending from delivery to the end of the second month, at which time the uterus has returned to its normal condition, and in women who do not nurse the menstruation is established, and the third comprising the period of lactation, extending from the end of the second period to the point of time after weaning when the first menstruation is accomplished. Owing to the various causes of constitutional disturbance to which the female is exposed, and the condition of nervous irritability which ex-

ists in consequence of the physiological changes going on in her system, she is liable to be attacked with insanity during the entire duration of the puerperal state. I propose to give an account of the disease as it occurs during each of these periods.

1. The changes which the mental condition of pregnant women undergoes are well known to all practitioners of obstetrics, and it would be occupying the time of the reader to little advantage, to enumerate all the caprices and dislikes, all the desires and aversions, all the feelings of despondency and depression manifested by women during the period of utero-gestation, and the various physical disturbances such as cramps, vertigo, fainting, nausea, vomiting, etc., to which they are liable. Some of the cases recorded, however, show, in a very forcible manner, the intimate sympathies existing between the pregnant uterus and the brain, and may be briefly noticed. Dr. Marcé mentions the case of a woman who became hydrophobic during the first four months of each of her eleven pregnancies. The dread of water began to be manifested soon after conception, and at length became so urgent that she could neither drink herself, nor bear any one else to drink in her hearing, and to cross a stream of running water was nearly impossible to her. M. Caseux relates the case of a young lady, who, during her first pregnancy, felt an uncontrollable dislike to her husband, to whom she was tenderly attached before; and of another, who conceived such an aversion to her own home that, in spite of the efforts of her reason to the contrary, she was compelled to go to the country to be confined.

Cases of this description are sufficient to show the powerful influence which the gravid uterus is capable of exerting upon the mental condition of females, even of well balanced minds. In persons of feeble intellect, or of naturally excitable temperament, or where a predisposition to insanity may be supposed to exist, it could scarcely be otherwise than that this adverse influence would be more sensibly felt, and that what was in one case only unevenness of spirits, or irritability of temper, should in the other amount to decided intellectual disorder. The liability to insanity during pregnancy is much less than during the period immediately following delivery. Of 783



cases of puerperal insanity reported by Macdonald, Marcé, Gundry, and others, only 65 cases occurred during the first period, or that of utero-gestation. The form most commonly observed is that of melancholia, and the causes of the malady, besides hereditary influence, are a depressed condition of the physical forces, and painful moral emotions. Esquirol and other writers mention cases of insanity commencing with pregnancy, and terminating only with delivery. Montgomery has seen the case of a woman who became insane at the outset of three successive pregnancies, and another in which the disease was developed during eight pregnancies, and subsided after delivery. A remarkable feature of the insanity of pregnant women is the almost utter absence of suffering during labor, and another, which has been noticed in cases of high maniacal excitement during the last months of pregnancy, is the exemption from accidents to which both mother and child might be supposed to be specially liable, in consequence of the violent movements of the former. In cases where the disease can be clearly traced to the uterus, recovery may be confidently expected at the termination of pregnancy, but where it has been caused by some violent shock to the nervous system, or some prolonged affliction, and originates during pregnancy, the prognosis may be unfavorable. History relates the case of Jeanne la Folle, Queen of Portugal, who, becoming insane at the death of her husband, soon after conception, was in due time delivered of a daughter, but nevertheless continued insane.

The cases of temporary insanity occurring at the moment of delivery, in consequence of the violent physical suffering accompanying the last stages of labor, are not very numerous, yet may be considered as of sufficient interest to receive a passing notice. All obstetrical writers have described the agitation and anxiety which generally supervene during the passage of the head of the child through the uterine neck, and in some cases an attack of mauia has been known to be caused by the acute physical distress and suffering, through which the patient passes at this stage of the labor. Dr. Marcé observes, "that cases of this kind are not very frequent, and some physicians of great experience have never witnessed them, yet the

practitioner ought to be aware of the liability to such attacks, so alarming in their approach, and so important in a medico-legal point of view." Dr. Montgomery, in the *Dublin Journal of Medical Science*, has related a number of cases of mental derangement originating under these circumstances, and Dr. Marcé, among others of the same kind, mentions, on the authority of Osiander, the case of a woman in labor with twins, whom the efforts of two strong men could scarcely restrain from throwing herself out of the window, and of another who, in the midst of her pains, begged with loud cries that her abdomen might be opened, and actually procured a knife with which to accomplish that purpose. A third case, which appears almost incredible, is related on the same authority, of a negress, who, being attacked with insanity during a long and painful labor, opened her own abdomen, extracted the child, and afterwards recovered. Notwithstanding the severity of these attacks, they are seldom followed by evil consequences, except such as may result from the violence of the female against herself or her offspring. The following case of a young woman, related by Esquirol, is suggestive of the considerations, in a medico-legal point of view, to which such cases may give rise. This young girl made no secret of her pregnancy, and had made all the needful preparations for her confinement, on the eve of which she was seen by her friends as usual. She was delivered during the night, and the next day the body of the child was found in the cesspool, mutilated with blows from a pair of shears. She confessed the act without manifesting the least regret on account of it, and appeared entirely unconscious of having done anything wrong.

2. The period immediately following delivery, and extending to the end of the second month, about which time, in women who do not nurse, the menstrual function is resumed, furnishes the greatest amount of insanity. Of 783 cases collected from various sources by Dr. Gundry, 453 occurred during this period. The causes of puerperal insanity occurring during the second period are such as either belong to the constitution and physical condition of the female, or such as act upon her system from without, and may properly be called occasional or accidental.



Various passages in the writings of Hippocrates show very clearly that he was familiar with puerperal mania, and there is, perhaps, nothing which shows more strikingly the influence exercised by the Father of Medicine over the opinions of succeeding generations, than the fact that his ideas respecting the causes of this affection have prevailed almost uninterruptedly to the present time. It was remarked by Hippocrates, that when the lochia are carried toward the head, agitation, delirium and maniacal excitement may supervene, and in another place he says, "When the blood collects in the breasts of women, madness is signified." Galen attributes mania to suppression or absence of the lacteal secretion. "The hot blood," says he, "accumulates in the breasts, and cannot be converted into milk, and by reason of the intimate connexion between the breasts and brain, hot vapors ascend to the latter, and mania may supervene."

The same notions respecting the causes of the affection are apparent in the writings of Boerhaave, who, in his thirteen hundred and twenty-ninth aphorism, says: "While the serous, milky fluid flows from the contracted vessels of the uterus into the breasts, there arises a slight fever, after which the lochia are often entirely suppressed, whence many symptoms of the worse kind arise, according as the lochial blood is thrown upon the different viscera; hence frensies, pleurisies, peri pneumonies, &c." The prevailing doctrine until the time of Boerhaave appears to have been, that the lochial discharge and lacteal secretion, when from any cause they are retained in the system, are carried to the brain, and, being deposited there, produce all the symptoms of insanity. Levret speaks of the evil, and even fatal, consequences, which may result from the milk being carried to the head in this way, and says that it has often been found after death secreted in the cavities of the brain. The same humoral pathology is apparent in the writings of Van Swieten and Sydenham, and Esquirol speaks of a lacteal diathesis, which modifies all the secretions, and all the morbid reactions which are set up in the systems of puerperal women in consequence of external causes acting on their peculiar susceptibilities. It is, however, more in accordance with the present state of our knowledge to suppose that neither the sup-

pression of the loeial discharge, nor that of the lacteal secretion, is necessarily concerned in the causation of the mental disorder, since in many cases it does not commence until after the lochia naturally cease to be discharged, that is about the sixth or seventh week, and in cases where the disease shows itself earlier, these secretions frequently continue without any interruption. Dr. Marcé considers it probable that when these discharges are arrested about the same time that the mind becomes affected, that their suppression is rather owing to the constitutional disturbance which accompanies the outbreak of the mental disorder than that the latter is owing to their suppression.

A writer in a late number of *Winslow's Psychological Journal* attributes the development of the disease "to reactions between a system predisposed to such derangements, and the normal physiological conditions which are found after confinement; just as in constitutions predisposed to tetanus or nervous delirium these will be developed after the slightest accidents or operations. The pains of labor, the lively emotions which accompany it, and the large suppurating surface which results after the expulsion of the fœtus, will bear a very close comparison with the course and results of a serious surgical operation." As far as the direct results of labor are concerned, Dr. Marcé attributes puerperal insanity to the constitutional disturbance attendant upon the establishment of the lacteal secretion, and to the general shock to the nervous system which is the direct consequence of labor. The peculiar condition in which the uterus is left after labor may also be taken into consideration. "A portion of the liquid contained in its substance," says M. Velpeau, "must return more or less altered into the current of the circulation. More strongly irritated, in a condition bordering on disease, than even during its state of distension, it no longer contracts with the same impunity. Its contraction on portions of the membranes, or of the placenta, or upon clots which may remain in its cavity, often gives rise to morbid changes. Finally, the equilibrium which tends to be established after the disturbance caused by gestation and labor, tends also, at times, to impart fresh shocks to the nervous system." The

causes connected with the physical condition peculiar to puerperal women cannot, however, be considered of themselves sufficient to give rise to insanity, since they are present in all, while but a few are attacked with the disease. It is, therefore, necessary to take into view the predisposing causes, which are the same as those of insanity in general. Among the principal of these is a constitutional tendency to the disease, which may be acquired, but which is probably in far the greater number of cases hereditary. Notwithstanding the difficulty of obtaining information on this point, Dr. Gundry ascertained that 22 out of 56 patients who had been under his care, were either descended from insane ancestors, or had collateral relatives who had been insane. This corresponds with the proportion observed by Esquirol, while Dr. Burrows found in 80 women who became insane after delivery, more than half hereditarily predisposed. Dr. Gooch remarks that "a very large proportion occurred in patients in whose families disordered minds had already appeared."

Influences of every kind which tend to lower the standard of the general health, and produce an anemic state of the system, may act as predisposing causes of the disease. "The cares of maternity," says Dr. Marcé, "demand a strong constitution and considerable vital energy, and quickly exhaust the organism when it does not opposed to them a vigorous resistance." Hence women who have borne several children, who have been exhausted by repeated and prolonged lactations, and who have had to contend with the disadvantages and privations of poverty, are more liable to be attacked after each succeeding labor. The same author controverts the opinion of Reed and Macdonald, that primiparæ are more liable than those who have borne children to an attack of insanity. "There are many women," says he, "who have borne perfectly well the consequences of a first labor, and yet have become insane after a second or a third, or even later, and been attacked after each subsequent confinement." Among 57 patients he had met with, only 14 were primiparæ, and among the remaining 43 he had seen 13 who had passed through five, six, or even nine confinements or abortions. The greater liability of women somewhat advanced in years is shown by Dr. Marcé, by com-

paring the number affected at different periods of life with the whole number of women compared at corresponding periods. Thus he shows by carefully prepared statistical tables, that while the number of women who are brought to bed between the ages of 25 and 35 is smaller than during the 10 preceding years, the number becoming insane is more than twice as great as it is during the first of these decennial periods. These facts seem to show conclusively that the liability to puerperal insanity is greater as the woman advances in years, and hence in any case when a patient has once suffered from an attack of the disease, it may be inferred that she will be attacked in her subsequent confinements. The increased liability does not, however, preclude the possibility of preventing subsequent attacks by proper precautionary means, as both Goode and Ramsbotham state that many women, who had placed themselves under their care in their confinements, entirely escaped an attack, though they had been insane after previous labors.

Moral emotions are considered by Esquirol to be an important cause of puerperal insanity; an opinion which has been opposed by Burrows, and is also controverted by Dr. Marcé. This writer, however, attributes to the emotion of fear, violent sorrow, or even slight crosses, nine cases of puerperal insanity in a total of 66. These causes are well known to produce a considerable proportion of insanity in the non-puerperal state, and their influence upon puerperal women could not be expected to be less than on those in ordinary health. Exposure to cold has also been regarded as an occasional cause of insanity during the puerperal state, to which it may be added, that every kind of neglect of the patient during the trying ordeal to which the female constitution is exposed in passing through the physical sufferings of childbirth, may contribute to the production of insanity, in cases where a predisposition to the disease exists.

The return of menstruation is regarded by Dr. Marcé as exercising an unquestionable influence in the production of the disease. He mentions the case of a lady of great intelligence, related to a physician of Paris, who, six weeks after her confinement, while engaged in her usual occupations, was suddenly seized with an indescribable

feeling of anxiety, her mind wandered, her ideas were confused, and she strove in vain to recognize the objects by which she was surrounded. This mental disorder lasted only a few minutes, and when she came to herself she discovered that her catamenia had returned, for the first time since her confinement. Of 44 women attacked with insanity during the second period, Dr. Marcé found that eleven patients became insane about the sixth week, or about the time when menstruation is generally re-established. Insanity, in the greater number of these cases, commences with the return of the menstrual discharge, or during its continuance; in others it makes its appearance a few days in advance of the discharge, and appears to be owing rather to the menstrual effort than to the evacuation itself. The practical lesson to be drawn from this tendency ought not to be disregarded, and in every case where there is reason to apprehend a predisposition to insanity, the physician will regard this as one of the most critical periods of the puerperal state, and use every precaution until his patient has passed safely through it.

Mammary abscess has been spoken of as one of the accidents of the puerperal state which may give rise to insanity. Difficult and protracted labors have been supposed to be more likely to be followed by insanity than those of an opposite character. Dr. Marcé, however, asserts that he has only met with four patients in whom the labor presented any considerable difficulty; in the great majority of the cases the delivery was prompt and easy. Uterine hemorrhage, puerperal convulsions, and the use of chloroform during labor, have been suspected as the occasional causes of insanity, but experience does not seem to have confirmed the suspicions, except in rare instances, which may be considered as altogether exceptional.

The symptoms of puerperal insanity occurring during the second period present no peculiarities which require especial notice. In most cases the lochial discharge and the lacteal secretion take place as is usual when the mental integrity is undisturbed, and the intellectual disorder does not differ from that which is observed in ordinary insanity. This portion of the subject need not, therefore, be dwelt upon, except so far as relates to the diagnosis. The only affection with



which it is likely to be confounded is acute meningitis. In by far the greater number of cases, the extreme agitation, loquacity, incoherence, and other evidences of mental disorder *unattended with fever, or other symptoms which indicate a grave physical lesion*, will show that the attack is one of insanity only. If the case is one of meningitis, in addition to violent delusions there will be from the first high fever, to which will succeed muscular jerkings, and cephalalgia, strabismus, convulsive movements of the eyeball, and the head will be thrown back, and coma will finally supervene.

Puerperal insanity may terminate in recovery, in incurability, or in death. The first of these terminations is happily much the most frequent. The cases in which a different result may be apprehended, I think are those which are not so much owing to the puerperal state itself as to some long continued burden of grief, or of care and anxiety, or to some violent and sudden emotional disturbance, under which the mind has given way. These causes not unfrequently give rise to fatal or incurable attacks of insanity independent of the puerperal state, and in connection therewith would not be likely to be followed by less injurious results. In cases which prove fatal after the disease assumes the chronic form, death generally ensues in consequence of affections of the bowels or lungs; but the most frequent cause of death in acute cases is a peculiar form of cerebral excitement, to which French writers have given the name of acute delirium.

The morbid condition to which this title has been applied, frequently occurs as a primary affection. It also supervenes upon cases of ordinary insanity of longer or shorter duration; but, according to Dr. Marcé, puerperal mania "has a special tendency to pass into acute delirium, in consequence of the presence of a large suppurating surface, which, by favoring the development of ataxo-adyamic symptoms, gives to all the diseases accompanying it a character of unusual severity."

When mania is about to terminate in acute delirium, the agitation and excitement daily increase, the tongue becomes dry, the digestive functions are impaired, the pulse increases in frequency, and soon ex-



ceeds 120 pulsations per minute, the face is flushed, the eye has a wild expression, and the skin is covered with a clammy sweat. The patient becomes the prey of constant hallucinations, wastes her strength in violent muscular efforts, and is scarcely conscious of surrounding objects. She passes whole nights almost without sleep, and obstinately refuses all nourishment, but especially liquids. A striking peculiarity of the mental disorder is the prevalence of the emotion of fear or terror. The patient imagines that she has committed some great crime, for which she is to be put to death by the most dreadful tortures, or that she has brought death and destruction upon all who are most dear to her.

If in the course of a few days there is no abatement of the symptoms, the pulse becomes more frequent and weak, the lips and tongue are encrusted with sordes, the breath is offensive, the urine and stools are passed involuntarily, sleeplessness continues, and contributes not a little, with the constant agitation and want of nourishment, to speedily exhaust the patient. With these symptoms the patient may die in the course of four or five days, in a state of profound collapse. "These are cases," says Dr. Marcé, "which English physicians call phrenitis, and which they persist, notwithstanding the absence of decided anatomical changes, in regarding as sub-acute meningitis, terminating fatally in its first stages.

Instead of terminating fatally in a few days, these symptoms may be prolonged for a considerable time; the excitement continues, but alternates with signs of extreme exhaustion, during which the patient retains the dorsal decubitus, and is motionless, and almost without consciousness. The tongue is dry and tremulous, the pupils insensible to light, and the patient rapidly emaciates. The urine and stools continue to be discharged involuntarily, and diarrhea may set in. The pulse becomes imperceptible. The attacks of syncope, which at first were rare, and of short duration, become more frequent and prolonged, and the patient dies, either suddenly in one of the attacks of syncope, or, after a longer time, with all the symptoms of extreme nervous prostration. According to Dr. Marcé, acute delirium does not constitute a distinct affection. It is simply

maniaeal excitement carried to its utmost limits, and is dangerous to life in consequence of the extreme perturbation of the nervous action which it induces. In fatal cases, the anatomical lesions are altogether disproportioned to the violence of the symptoms. There is neither thickening of the membranes, nor alteration of the cortical substance, nor secretion of plastic lymph, nor any of the changes which ordinarily denote inflammation.

3. The condition of females during the period of lactation has been aptly denominated a prolonged puerperal state. "As an effect of the daily secretion of the lacteal fluid, woman," says Dr. Marcé, "is sensibly removed from her physiological state; she is more nervous, more impressible, and more accessible to morbid influences, which she would easily have resisted under other circumstances." Women who nurse may be attacked with insanity during the first six or seven weeks after labor, but cases of this description may be considered as more properly belonging to the second period of the puerperal state. The cases which I propose to include under this head are those which generally occur after eight, ten, or more months of lactation, when the system has become exhausted under the long continued drain which has been made upon it by the lacteal secretion. In a small number, however, the attack commences after weaning, and about the time of the return of the menstrual discharge. As a natural consequence of the physical exhaustion induced by lactation, women are sometimes met with in a state of intellectual enfeeblement, and the memory is slightly impaired; there may be some confusion of ideas, they present strange peculiarities of conduct, and sometimes are conscious of their altered health. At the same time, evidences of anemia will be presented; the patient emaciates, the complexion becomes pale, and all the functions languish. The anemic murmur may be heard in the great vessels; there are distressing palpitations; the digestion becomes embarrassed, and is accompanied with eructations; and each act of nursing is followed by a sensation of weakness or emptiness at the epigastrium. The secretion of milk may be diminished, or if it remains the same the patient emaciates all the more rapidly, and febrile attacks of an irregular intermittent form, and

even hectic, may supervene. This condition may pass almost imperceptibly into decided intellectual disorder, or insanity may be established suddenly in consequence of some emotional disturbance, or some error of regimen, such as exposure to cold. Mania and melancholia are the most frequent forms of insanity occurring in consequence of prolonged lactation. They present no peculiarities which distinguish them from the same forms arising under ordinary circumstances. When the cerebral excitement is of a very high grade the general system will suffer to a greater or less extent, and the lacteal secretion may be suspended in the midst of the general disturbance; but in most cases the milk continues to be secreted without interruption. Dr. Macdonald states, that in 40 cases occurring during the period of lactation he has only met with six in which it was suppressed; and Dr. Marcé has never met with a case in which the milk did not continue to be secreted, and require special measures to be employed to prevent its accumulation in the breasts.

A considerable number of cases become insane immediately after weaning. In some of these the patients are of a plethoric habit, and have borne the effects of lactation perfectly well. In such cases, the sudden suppression of an evacuation which has continued for many months, and become, as it were, a habit of the system, induces a state of plethora, which may end in disease. In other cases, where the patients may have been considerably weakened by nursing, yet the system may have become accustomed to the drain, and adapted itself to it. In these cases, if the secretion be suddenly checked without the precautions which are necessary, the functional disorder which may thus be excited will sometimes be sufficient to bring on a state of nervous derangement, which may end in insanity. The effort of the system to restore the menstrual secretion will have the same tendency, and the return of this function after the cessation of lactation, as well as at the termination of the puerperal state in women who do not nurse, may be accompanied with constitutional disturbance, sufficient, in cases where the predisposition exists, to call into life the latent germs of insanity.

The prevention of puerperal insanity will consist in placing the

female under the most favorable hygienic influences which her circumstances will allow. Care should be taken to guard against every source of exhaustion. It ought to be remembered that the discharge from an extensive surface, like that of the interior of the uterus after parturition, cannot fail to reduce the strength of the patient. Her diet, therefore, while it is unstimulating should be nutritious. In her susceptible condition, she should be guarded from all excitement, such as unnecessary visits and conversation, and kept as much as possible out of the reach of anxiety and other painful emotions. Errors of regimen, such as exposure to cold, and indulgence in improper articles of diet, should be avoided. During lactation, if symptoms of anæmia should be manifested the infant should at once be weaned, care being taken to avoid the distension of the breasts with the lacteal secretion, and the formation of abscesses. The return of menstruation should be carefully watched, and especial care taken to avoid every exposure until the function is re-established.

In puerperal as in ordinary insanity, so little is positively known of the anatomical lesions which characterize the disease, that in forming a judgment of its nature we are obliged to depend on our knowledge of its causes, and the circumstances under which it most commonly originates, rather than upon the structural changes it produces. The data furnished by morbid anatomy are almost entirely of a negative character; autopsies in the fatal cases having generally failed to show any positive evidence of inflammatory action. It is true that the recent researches of Dr. Calmeil have led him to conclude that acute delirium, which so frequently supervenes in fatal cases of puerperal insanity, is an inflammatory disorder of the cortical cerebral substance; yet he considers it an inflammation which is generally, if not always, met with in exhausted conditions of the system, and can not be treated by active, antiphlogistic measures. In regard to the nature of the affection, Dr. Maedonald remarks: "When insanity occurs during the puerperal state we would expect to find the disease one of irritation rather than of inflammation; for it is admitted by all that the susceptibility of the female is never greater than during this period. She has been exhausted by utero-

gestation, while from the growth of the fœtus she has required more nourishment than usual; the irritability of her stomach has perhaps prevented her from using her accustomed quantity of food; she has been debarred from exercise in the open air, that preserver of life and health, and has been worn down by the doubts, and fears, and anxieties that are so apt to hang over the minds of women under these circumstances. In this state we would not look for inflammation; nevertheless we may sometimes meet with it, as we do with pneumonia in typhus, or after severe injuries or surgical operations, where there has been great loss of blood and strength. But it is not that active, vigorous inflammation which occurs in strong individuals. It is an inflammation which, judicious practitioners tell us, is often more successfully treated by stimulants in conjunction with other remedies. When it occurs during lactation we would expect to find a disease of debility, and we do find the mother pale, emaciated, reduced by suckling a large vigorous child, and by nights of watchfulness and anxiety for her offspring."

Various therapeutic measures have been proposed in the treatment of puerperal mania, among which may be mentioned local or general bloodletting, tartar emetic used as a contra-stimulant, warm baths, purgatives, narcotics, etc. I need not enter into any details respecting the operation of these remedies. It will be sufficient to say, in regard to *all* depleting measures, that notwithstanding the appearance of energy and vital activity which may be supposed to be manifested by the quick pulse and great muscular strength, often exhibited by patients in a condition of extreme maniacal excitement, experience has proved, in too many instances, the injurious effects of all remedies of this description. In many cases in which, judging from the high grade of the delirium alone, we might be disposed to believe in the existence of inflammation, and consequently to resort to depletion, pain in the head, increased heat of the scalp, general fever, and other signs of inflammation are absent, and so far from being of service, any active depletion will then invariably render the condition of the patient more unfavorable. If, in an exceptional case, or in one in which the diagnosis is doubtful, the pulse should



be found full and strong, and the condition of the patient appear to require depletion, it should be resorted to with the utmost caution, and its effects should be carefully watched.

In the commencement of an attack of puerperal mania, it will generally be necessary to have the patient placed in a room partially shaded, which shall be kept as quiet as possible, and into which no one shall be allowed to enter except the necessary attendants and nurses. A warm bath, continued for one, two or three hours in the evening, will tend to allay nervous irritation, and promote sleep. The bowels should be regulated by simple laxatives, and as there will generally be found a vitiated condition of the mucous membranes, evidenced by a furred tongue and offensive breath, laxatives should be continued daily with small portions of blue mass, until the tongue shows signs of improvement. Some gentle narcotic, of which a combination of asafetida, hyoseyamus and camphor is a good example, should be given every three or four hours. The diet should be unstimulating but nutritious, and may advantageously consist in great part of new milk, given as freely as the patient can be induced to take it, or as the stomach will bear it. If the acceleration of the pulse, the dry tongue, and the increase of maniacal excitement should indicate the supervention of acute delirium, the same treatment should be continued, but in these cases great difficulty will generally be experienced in controlling the movements of the patient, and in administering the necessary food and medicine. In this state there is a strong tendency to prostration, under the combined influence of the excessive muscular efforts of the patient, her almost total deprivation of sleep, and obstinate refusal of food. It is absolutely necessary, under these circumstances, to restrain the motions of the patient, by confining her with the bed-strap, by which means her strength will be husbanded, and the entire management of the case will be rendered more easy, and at the same time effectual. It is very important in these cases that the physician should have entire control of the bodily movements of the patient, in order that he may be able to apply warmth to the extremities if it should be needed, and also that he may have it in his power to administer food and



drinks in such quantities as are necessary to support the strength of the patient. Unless these cardinal points are attended to, but little good can be expected from the exhibition of medicines. In many cases of acute delirium the patients refuse food with such obstinacy that it is impossible, by any ordinary means, to give it in sufficient quantity. The œsophagus tube, which should be small enough to pass through the nostril, must then be resorted to, and a pint or more of milk, beef-tea, or other liquid nourishment, be injected into the stomach twice daily. If there should be increased heat of the scalp, it may be sometimes removed by warmth to the extremities, or by a dose of laxative medicine, or, if these means fail, by the application of cold to the head. Mustard pediluvia in the evening are always of service, and blisters to the extremities have been found useful as a derivative. It sometimes happens that, with considerable mental anxiety and distress, evidences of cerebral oppression will become apparent; the patient is conscious of every thing about her, but appears to labor under difficulty in collecting her thoughts, and in recalling the occurrences of the day. In attempting to do so her mind becomes confused, and the effort fails of its object. With these symptoms of oppression and tendency to coma, I have found, in the absence of fever, the application of a large blister covering the entire scalp to be followed by a decided improvement in the cerebral disorder, and relief to all the symptoms.

[The substance of the foregoing paper was read, within the few months past, at a meeting of the Philadelphia County Medical Society, and is presented in its present form with the hope that the summary it contains of some of the most recent views in relation to the subject treated, imperfect though it may be, may prove not unacceptable to the readers of the *Journal of Insanity*.]

## BIBLIOGRAPHICAL.

---

*Die Brandstiftungen in Affecten und Geisteskrankheiten : ein Beitrag zur Gerichtlichen Medicin für Juristen, und Aerzte.*  
Von Dr. WILLERS JESSEN. Kiel: E. Homann. 1860.

*Incendiarism in Mental Affections and Diseases : a Contribution to Legal Medicine, for Jurists and Physicians.* By Dr. WILLERS JESSEN. Kiel: E. Homann. 1860.

THE term Pyromania was first introduced by M. Marc, in the *Annales d' Hygiène Publique*, Paris, 1833, and was employed to designate an insane impulse to destroy houses and other property by fire. Esquirol and Georget, in France, had previously glanced at this peculiar manifestation of disease in speaking of "*monomanie instinctive*" (*Discussion Medico-Legale sur la Folie ou Alienation Mentale*, Paris, 1826); but long previous to this, indeed early in the present century, the impulse to burn, incident to certain forms of mental disease, had been pointed out and illustrated by the medical psychologists of Germany. Among the first who alludes to the subject is Ernst Plattner, who wrote as early as 1797. The next writer in Germany who has treated the subject to any extent is Henke, who wrote in 1802, and also published some interesting illustrative cases in the *Kopp Journal* for 1817. Meckel in his "Contributions to Judicial Psychology" for 1820, Vogel in 1824, Masius in 1821, Flenning in Horn's Archives for 1830, Meyn in Henke's *Journal of Legal Medicine* for 1831, have each brought forward illustrations of this symptom of mental disease. The first complete investigation of both the German and French theories of the disease appears to be due to M. Marc, who, as we have seen, first conferred upon it the designation of pyromania. Since M. Marc, Casper, and his follower Richter, in Germany, have given much attention to the subject, contributing many valuable illustrative cases.

In the admirable and learned monograph we have before us, by Dr. Jessen, we are furnished with a complete *résumé* of German scientific investigation of the subject. It is a treatise strongly characteristic of that patient, profound and laborious investigation, which every German psychologist and litterateur brings to bear upon the subject he undertakes to investigate. Dr. Jessen, in the introduction to his treatise, proceeds to take a concise but comprehensive view of the present state of German and French scientific knowledge on the subject, and from this we proceed to translate as extensively as our space will permit.

It would seem that in Germany, as elsewhere, there has been much contention about pyromania. "Indeed," says Dr. Jessen, "the strife has lasted for near half a century, and, though much that is novel has been brought forward, no positive conclusions have as yet been arrived at;" one party denying that the impulse to burn is ever observed as a distinct manifestation of disease, while another party as warmly maintains the contrary opinion; and, though the weight of evidence and scientific knowledge is, in the estimation of Dr. Jessen, greatly in favor of the latter opinion, up to the present time the proof upon which it has rested has been but slight.

The chief difficulty, in the estimation of Dr. Jessen, in arriving at a satisfactory conclusion as to the merits of the contest, lies in defining clearly and precisely the meaning and applicability of the term pyromania. The universal conception under which pyromania falls, is, in every case, that of monomania. Of this form of disease, the French, among whom these ideas originated, make two divisions, viz., *monomanie raisonnée*, and *monomanie instinctive*.

The first is a partial mania, in which the patients appear afflicted by one particular morbid idea, conducting themselves, however, so intelligently and reasonably in matters aside from and unconnected with this, that the mental disturbance is not recognized by ordinary persons, and, at times, only with much difficulty by experts.

The existence of this form of disease admits of no doubt. If, therefore, the terms pyromania, and incendiary monomania (*monomanie incendiaire*) are received as equally significant, the existence

of pyromania cannot be questioned. On the contrary, so obscure is the conception of instinctive monomania that its existence becomes doubtful. The adjective should indeed signify that, with this form of disease, the action (particularly the criminal action) should take place from a species of instinct, although with this no character of disease is specified; but it only implies that, to us, the action, however small or obscure, is explained by a conscious intent, like every thing which we ascribe to instinct; the one is put in comparison with the other, and the *tertium comparationis* is unfortunately inexplorable. But as we are accustomed to consider those actions which are present in decided mental disease also those which arise from a direct motive, whether the psychical process of their evolution is perceptible or not, as explained, both conditions appear as negative characters of instinctive monomania, inasmuch as neither a direct motive for the action in question, nor an imperceptible disease of the mind exists in it.

A broader definition cannot be deduced from the expression. Many physicians have not desired more, but have suffered the many forms of disease which cannot be explained by normal or abnormal conditions to remain unexplained and doubtful, without attributing them to an instinctive monomania. Thus understood, this hypothetical disease corresponds nearly with the so-called *amentia occulta*, whose distinguishing character is its unsearchableness, and in which the action should be allowed to appear to the judges as unaccountable.

On the other hand, if we seek to find out the positive characteristics of instinctive monomania they vanish immediately, eluding our grasp. The obscure actions, must, however, have some cause, whether it be a hidden normal motive, or psychical disturbance difficult to recognize. Indeed, whenever we search in concrete cases after those causes, not of an instinctive nature, we do not occupy ourselves any longer with those fabulous forms of disease, and only when we are not able to find out distinct causes, (perhaps merely in consequence of our own want of dexterity) then the return to an incomprehensible instinct is open to us.

The scientific inquiry can therefore only be, What psychical disturbances in consequence of the difficulty of the diagnosis can give occasion to the erroneous persistency in holding to the idea of an instinctive monomania ?

Under these circumstances, the three following possibilities come in question :—

1. One can suppose, indeed it frequently is so supposed, that the inexplicable actions might be caused by a primary and direct disease of the will, or of its organ. This acceptance has, however, great difficulties.

We know that every conscious act of the will is the result of a thought (aim), or of a feeling, or, accurately accepted, as a union of both.

We find, accordingly, in all mental diseases morbid thoughts or inclinations, and proceeding from them (as though they were normal) all morbid actions which we are generally able to comprehend. It is usually very difficult, if not impossible, to place before ourselves the act of the will itself as morbid, but to renew so difficult an hypothesis, which besides has totally disappeared from science with the removal of the primary diseases of the will, merely to force an explanation of obscure observations (*beobachtungen*) is totally inadmissible. Besides, this hypothesis appears to have very few supporters ; strictly speaking perhaps none, although it would correspond in a measure with the expression instinctive monomania.

2. The obscure actions can proceed from abnormal thoughts. Many understand by monomania, merely a condition of partial insanity, in which condition only a single fixed idea, or at most only a very narrow circle of morbid ideas, is apparent.

The Psychiatric Society of Paris has, in particular, recognized a case of this kind by *Brierre de Boismont*, as one of true and distinct *monomanie*, (*Annales Medico-Psychologiques*). But such cases belong no doubt to *monomanie raisonnée*, or partial insanity, and will be better treated of under that head. When we see an action proceeding from an indistinct, fixed, morbid idea, we have no necessity for the hypothesis of instinct. In every discussion as

to the existence of monomania, it is important to remember that, under true monomania, only a variety of partial insanity can be understood. The conception is essentially otherwise if we suppose that the thought which impels to the commission of a criminal action can appear continuously or only transiently in the consciousness as a single abnormal idea, without further foundation.

This appears quite often, as will be seen; but in such cases, so far as present observations extend, the abnormal idea, often certainly the only disturbance of the *intelligence*, is, however, by no means the only disturbance of the *soul*, but rather always direct, and, as a rule, even violent disturbance of the intellect takes place besides, which makes it necessary to enumerate all such forms of disease under the head of melancholy.

3. Finally, the obscene actions which preponderate can proceed from morbid dispositions. This view of incendiary monomania is especially defended in Germany; indeed, it is generally maintained with much justice, coupled, however, with gross errors.

The oldest hypothesis in this direction was, as is well known, a delight in fire (*feuerlust*), or a mania for the sight of fire (*feuerschausucht*), which should be a morbid passion for the sight of fire, and which should not necessarily create an irresistible impulse to incendiarism; but, indeed, like normal passion, ought to give occasion to the kindling of fires allowable by law (*viz.*, bonfires), as also those strictly forbidden.

The delight in fire is not to be sought for exclusively among pyromaniacs; but also among youthful individuals, as disturbances incident to the development of puberty, one might have expected to find it permanent. The observations, however, taken collectively, on which this hypothesis is built, as will be seen farther on, have remained stationary, and it has consequently been abandoned.

In its place the doctrine of an impulse to burn immediately arose (originally in consequence of a *quo pro quo*), which should have driven them on immediately and irresistibly to incendiarism, and, for which reason, it soon became unimportant whether the incendiary had previously been animated by the fear or love of fire.



But this impulse to burn is again an indefinite idea. Every action springs from a more or less active impulse to the same, which, indeed, may be equally minute and fleeting in some cases, but in others very marked, and even in passions and affections it often reaches an extraordinary height. The actions of the insane are brought about in the same way; very strong passions often produce in them the most serious impulses.

The springing up of an impulse to incendiarism is, therefore, not by any means characteristic of mental diseases in general, nor of any distinct form of the same; nor is the action of incendiarism *without* any impulse to it to be thought of. If, therefore, in a given case, it is inferred that the criminal may have found an active impulse to incendiarism, nothing substantial is discovered. The proper question is, rather, whether the impulse may have proceeded from a normal motive, or from a more or less marked mental disturbance. If this question remains unanswered, then the action is left unexplained.

If, therefore, there arises in such cases an impulse to incendiarism pre-eminently (*par excellence*), which never fails, then, confessedly, we have not been able to arrive at the perception of it; for if we could have deduced pyromania from normal or abnormal psychical processes, then would the impulse to incendiarism, as something self-evident, be no more in question.

Hereafter the contention as to the existence of a specific impulse to burn, pyromania, or instinctive monomania, is in all due form disposed of. All these expressions are mere nonsense, words which, in want of distinct ideas, come readily to hand to spare a confession of ignorance. It is therefore quite time to get rid of this terminological rubbish, which has already fallen into disgrace, and thereby clear up the road for scientific investigation.

But when we have to investigate in *each individual* case the origin of the impulse to burn, it follows for science to discover the material, *general* question, What psychical, normal or abnormal, processes can produce an impulse to burn, and the corresponding action? Thus the question is so correctly set before us that it appears clear,

because it can be explained by scientific observations, and only through these. But indeed, this explanation will cost some time and pains, but must necessarily be taken in hand if judicial psychology is to make any real progress in this direction.

The author now proceeds to give a classification of the mental affections and diseases in which the impulse to burn is more particularly manifested, drawing a distinction between what he terms the *affections* (*affecten*, passions,) and the mental *diseases*, (*geisterstörungen*) in which pyromania is observed as a concomitant.

Under the head of mental affections he considers the impulse or disposition to incendiarism as it is manifested : 1. From revenge ; 2. Fear ; 3. Malcontent, dissatisfaction ; 4. Homesickness ; 5. Mischievousness, wantonness or petulance.

The classification of the mental diseases in which the disposition is chiefly manifested, set forth by Dr. Jessen, and in the preparation of which he acknowledges the assistance of his learned friend Dr. Flemming, is very full, clear, and precise, and the necessity of a proper classification in order to arrive at a correct understanding of the subject, and to investigate successfully its many intricacies, is pointed out and insisted upon.

This branch of the subject he considers under the following divisions and sub-divisions :—

#### I. FEEBLEMINDEDNESS.

Continued weakness of the powers of the mind, arising either from defective development from birth, or in the first years of life (*Idiotismus*, *Cretinismus*, etc.), or that which appertains to the development of certain diseases ; such, for example, as imperfect recovery from a pre-induced mental disease (*Imbecillitas*, *Fatuitas*).

1. Folly : weakness of all the mental faculties, gradually passing over into stupidity (defective ideality).

2. Imbecility : want of power to arrange the thoughts consecutively, passing gradually into foolishness (incoherence, or derangement in the development of ideas).

3. Imbecility, with *dementia paralytica* (*paralysie générale*), gross misconceit, and irritable imbecility.

## II. MENTAL CONFUSION.

1. Deprivation of psychical power of expression, through excess or perversity.

(A) *Mental Disturbance.*

Deprivation of psychical power of expression, with disturbance of the governing or administrative efficiency of the mind.

(a) *Mental Depression.*

Predominant depression, dejection, prevailing melancholy, fear, anxiety or doubt; its course either continued or remittent, or changing, more or less regularly, into other forms of disease, into exaltation, for example.

1. Sadness (simple melancholia, *lypemanie*, *melancholia tristis*) predominant, without any corresponding external circumstances; commonly allied with erroneous ideas; appears in various forms and degrees, as disturbance or unsettling of the will from mental relaxation, with loss of desire and passion; in the highest degree as—

(a) Torpor (*melancholia attonita*, *stupidité*), apparent mental weakness, deep brooding, an overpowering feeling of disgust or aversion; mental and physical inertia bordering upon apathy and catalepsy.

2. Precordial disturbance (*precordialunruhe*), melancholia with anguish (*melancholia anxiosa*). Predominating disquietude and anguish in very diversified grades.

(a) Melancholy with despair (*precordialunruhe mit ver zweiflung*, *melancholia maniaca*, *mania melancholica*).

(b) Melancholia with the prevalence simply of wrong ideas and motives (*precordialunruhe* of Jessen and Flemming; *mania sine delirio* of Pinel; *monomanie instinctive* of Marc; moral insanity of Pritchard).

3. Transitory melancholia; *dysthymia transitoria s. subita*, according to Flemming's earlier classification; (*melancholia transitoria*). Dejection or melancholy of different grades, and of proportionate brief duration, in consequence of distinct bodily disturbance (*anomalous menstruation*, *cardialgia*, *epilepsy*, &c).

## III. MENTAL EXALTATION.

Prevailing exaltation, excitation, predominance of joyfulness, serenity, vexation, or wrath. Course either continuous or remittent, also intermittent (*mania periodica*), or alternating with other diseased conditions more or less regularly; viz., melancholy (*melancholia mixta* of Heinroth); *folie circulaire*; *folie à double forme*.

1. Excitation, serenity, joyousness, extravagance, inclination to see everything in the most beautiful light (*charomanie* of Chambeyron), or even a prevailing disposition to chagrin or violence; its course either changing into other forms of disease, becoming remodeled during convalescence, or descending to the following:—

Insanity (*tobsucht*, *manie*, *mania simplex*), joyous or wrathful excitation, excessive activity, rapidity in the evolution of ideas up to intricacy and confusion (*ideenflucht*, *ideenjagd*).

(a) Acute delirium (*delirium acutum*), delirium with all the characteristics of madness, in consequence of known bodily diseases—for example, *meningitis chronica*.

(b) Transitory mania (*mania transitoria s. subita*), mania of short duration, breaking out in consequence of distinctly determined bodily disturbances, after very brief or slightly marked premonitions.

## IV. INTELLECTUAL DISTURBANCE.

Deprivation of the psychical power of expression, with prevailing anomaly of the intellectual activity.

1. Partial mania (monomania of German writers, *folie monomanie raisonnante*), delirium in one particular direction of the intellectual activity, a fixed idea with or without mental delusions.

2. Complicated mania (*verwirrtheit*); delirium in all directions of the mental activity, wherein individual ideas may constantly predominate, often accompanied by mental delusions.

Under the above divisions and subdivisions, the author proceeds, in the body of the work, to bring forward an immense number of collected facts and observations, of great interest in a psychological and medico-legal point of view, and makes an attempt to unravel the “material, general question” before alluded to, viz., “What psychi-

cal, normal or abnormal, processes can produce an impulse to incendiarism?" With what success we shall endeavor to show in future numbers of the "JOURNAL OF INSANITY."

---

*History of Civilization in England.* By HENRY THOMAS BUCKLE.  
Vol. II., pp. 576. New York: D. Appleton & Co. 1861.

AFTER long delay, and an unusual amount of impatience on the part of the interested portion of the public, the second volume of Buckle's "History of Civilization" has at length made its appearance. Yet the admirers of the author will be well compensated for their waiting, as the interest of the discussion is more than sustained in this second part. The same fertility of resources and inexhaustible erudition, the same powerful grasp and logical arrangement of his materials, and the same deep earnestness of purpose are disclosed in the second volume as marked the first; and while there is also equal boldness and originality of view, the style is less diffuse and more compressed, and, even more than its predecessor, the book abounds in passages of striking and impassioned eloquence. The second volume confirms the conviction which was freely expressed upon the issue of the first, that the publication of the work will constitute an epoch in the progress of historic writing. It is perhaps the first great and promising attempt to construct history upon the basis of science.

The idea of treating history in this way will no doubt appear to many as impossible and absurd. Nor is this surprising; for the current notions of what science really is, and how it stands related to ordinary knowledge and to the human mind, are most vague and erroneous. There is a prevailing idea that science constitutes a body of knowledge by itself, peculiar, independent, not vitally related to common knowledge, and in studying it we are supposed to leave the domain of common thought, and enter a foreign province of new and

rigid methods, which are inapplicable and worthless for all the purposes of a practical life. But this is a mischievous error. Science and the positive knowledge of the uncultured are not radically and essentially different. They cannot, indeed, be separated, and one is but the expanded and perfected form of the other. The same faculties that are involved in the simplest concerns of common life are called into progressively higher and more systematic exercise in the ascending course of science. The commonest actions of daily experience involve the regular play of the mental mechanism—facts are observed, evidence weighed, and inferences drawn—exactly as in the higher regions of acknowledged science. In fact, there is no definition of science that does not make it the living outgrowth of common knowledge. We live in the midst of an orderly and organized scheme of being. The universe is governed by inexorable ordinances; there are no breaks or blanks where law is intermitted. Science is such an exact acquaintance with this order of nature as will enable us to foretell occurrences; such a familiar knowledge of her regularities as will enable us to see beforehand, and predict in what times, places and conditions effects will take place. The test of science is thus *prediction*. And yet this quality is found in ordinary knowledge. The earliest lesson of the child is that one thing follows another in invariable sequence—that water will extinguish fire, that pain will follow burning and night succeed day—while in predicting an eclipse, or in any of its higher flights, science only rises to a larger perception of the same immutable order of events. Science and common knowledge spring from the same root, and only differ in their degree of growth. But while the uncultivated mind sees only the simple, obvious relations of objects and occurrences, science unfolds and extends them. It is not, then, a foreign body lately introduced into the world of thought, but it is the proper product of time and effort, the signal of our advancement, the very flowering and fruiting of the tree of knowledge. In the order of time, the sciences are developed out of their corresponding arts. There is first doubtful, labored, empirical practice, with its blind rules and no rational guidance; then the gradual unfolding of settled, scientific principles.



Science is thus a growth of time and thought, and a measure of the advance of the human mind.

There is deep significance in this fact that science is a growth of ages. It was at first unknown and unsuspected that law reigns in nature. The primeval savage explained all things by imagining each external object animated by a personality like his own; and all actions and effects around him were attributed to caprice of will. But after long experience it began to be noticed that, in certain departments of nature, events take place with a fixed uniformity, and recur in so regular an order that they may be known beforehand, or predicted. This earliest victory of reason was among the stars, and gave rise to the first of sciences, astronomy. Then the motions of earthly bodies were found to be governed by invariable laws, and mechanical science was the result. Still later it was found that the deeper changes which go on within material objects, altering their nature and properties, are also of an invariable character; and then appeared the science of chemistry. And when, furthermore, the same thing was perceived in living beings, there arose the science of physiology.

The advance of science is thus the progressive application of the idea of order and regularity to the various provinces of nature. But upon this great work man enters with reluctance. There is a strange fascination in the unbridled revel of the imagination which accompanies mystical and superstitious views of nature. The mind, accustomed to the wild and unguarded license of fancy, is but slowly subjected to the severe discipline of reason, and enters with hesitation and difficulty into the view of nature as a realm of immutable order. Even though this great fact be recognized in one department of nature, there seems still a disinclination to allow it in others. Those who admitted the control of law over the visible movements of both celestial and terrestrial bodies, still doubted it in the region of life; and many who now acknowledge it there, question it in the department of mind. Others yet who recognize the operation of law in the intellectual world, still deny it in the course of human affairs. Here, say they, all is anomalous, confused, disorderly and capricious.

But this has always been said of unexplored branches of inquiry. Where law has not yet been unfolded, or even where it has been partially established, ignorance, with its usual presumption, affirms that it does not exist. Yet all the results of past inquiry warrant an invincible trust in the supremacy of order. The Creator works in all departments of the universe—as well in the mental as in the material world; as well in the sphere of human activity as in that of physical change—by an all-harmonious and invariable policy of law.

But before any such great conception had dawned upon the human mind, or where it was not entertained, the course of the world's affairs could not become a subject of scientific investigation. History was but a biography of kings and chieftains; a chronicle of public events, and a calendar of public crimes; a narration of the squabbles of politicians, court intrigues and diplomatic manoeuvring; an inventory of battles, assassinations and usurpations, and at best a mere delineation of the surface occurrences of human affairs. But in all this we barely pass beyond the province of the romancer. Philosophie history goes deeper. It not only describes human actions, but seeks the influences which impelled them. It labors to discover the causes of events, and those great principles which govern the character and destiny of nations. In the physical world all movement is a question of the predominance and direction of forces; and so also the movements and acts of mankind are the result of the composition of the forces by which they are controlled. The forces which operate in society are numerous and complicated, and hence the difficulty of social problems. Some impel society forward, others obstruct its advancement, and according to their relative intensity, or degree of co-operation, is the resultant effect. The historian should trace for us the operation of the organizing powers by which communities grow. He should deal with the structure, principles, methods and corruptions of governmental systems, but with as little gossip as possible about the politicians. The influence of creeds and ceremonies; of social observances, and of class over class; of popular customs and habits of life; of sexual and parental relations; of

industry, the division of labor, trades, arts, and commerce; of morals and domestic improvement; of freedom of thought, the love of inquiry, and superstition; of surrounding nature, climate, productions and food; of education, modes of thought, æsthetic culture, and many other active agencies,—these must be profoundly analyzed in their co-workings and counteractions before history can claim to have accomplished its highest purpose. It is not at all wonderful that in the masked and complicated action of those numerous forces, little has hitherto been seen but confusion; or that to reduce it to order, and trace the chain of cause and effect through the modified and disturbed activities, or even fairly to begin the work, requires the highest order of intellectual ability. One extract from the first volume will be appropriate in this connection:—

“In regard to nature, events apparently the most irregular and capricious have been explained, and have been shown to be in accordance with certain fixed and universal laws. This has been done because men of ability, and, above all, men of patient, untiring thought, have studied natural events with the view of discovering their regularity; and if human events were subjected to a similar treatment, we have every right to expect similar results. For it is clear that they who affirm that the facts of history are incapable of being generalized, take for granted the very question at issue. Indeed they do more than this. They not only assume what they can not prove, but they assume what in the present state of knowledge is highly improbable. Whoever is at all acquainted with what has been done during the last two centuries, must be aware that every generation demonstrates some events to be regular and predictable, which the preceding generation had declared to be irregular and unpredictable; so that the marked tendency of advancing civilization is to strengthen our belief in the universality of order, of method, and of law. This being the case, it follows that if any facts, or class of facts have not yet been reduced to order, we, so far from pronouncing them to be irreducible, should rather be guided by our experience of the past, and should admit the probability that what we now call inexplicable will at some future time be explained. This expectation of discovering regularity in the midst of confusion is so familiar to scientific men, that among the most eminent of them it becomes an article of faith; and if the same expectation is not generally found among historians, it must be ascribed partly to their being of inferior ability to the investigators of nature, and partly to the greater complexity of those social phenomena with which their studies are

concerned. Both these causes have retarded the creation of the science of history.

"Those readers who are acquainted with the manner in which in the physical world the operations of the laws of nature are constantly disturbed will expect to find in the moral world disturbances equally active. Such aberrations proceed, in both instances, from minor laws which at particular points meet the larger laws, and thus alter their normal action. Of this, the science of mechanics affords a good example in the instance of that beautiful theory called the parallelogram of forces; according to which the forces are to each other in the same proportion as is the diagonal of their respective parallelograms. This is a law pregnant with great results; it is connected with those important mechanical resources, the composition and resolution of forces; and no one acquainted with the evidence on which it stands ever thought of questioning its truth. But the moment we avail ourselves of it for practical purposes, we find that in its action it is warped by other laws, such as those concerning the friction of the air, and the different density of the bodies on which we operate, arising from their chemical composition, or, as some suppose, from their atomic arrangements. Perturbations being thus let in, the pure and simple action of the mechanical law disappears. Still, and although the results of the law are incessantly disturbed, the law itself remains intact. Just in the same way, the great social law, that the moral actions of men are the product not of their volition, but of their antecedents, is itself liable to disturbances which trouble its operation without affecting its truth. And this is quite sufficient to explain those slight variations which we find from year to year in the total amount of crime produced by the same country. Indeed, looking at the fact that the moral world is far more abundant in materials than the physical world, the only ground for astonishment is that these variations should not be greater; and from the circumstance that the discrepancies are so trifling, we may form some idea of the prodigious energy of those vast social laws which, though constantly interrupted, seem to triumph over every obstacle, and which when examined by the aid of large numbers, scarcely undergo any sensible perturbation.

"Nor is it merely the crimes of men which are marked by this uniformity of sequence. Even the number of marriages annually contracted, is determined, not by the temper and wishes of individuals, but by large general facts over which individuals can exercise no authority. It is now known that marriages bear a fixed and definite relation to the price of grain, and in England the experience of a century has proved that instead of having any connection with personal feelings, they are simply regulated by the average earnings of the great mass of the people: so that this immense social and religious institution is not only swayed, but completely controlled by the

price of food and by the rate of wages. In other cases uniformity has been detected, though the causes of uniformity are unknown. Thus, to give a curious instance, we are now able to prove that the aberrations of memory are marked by this general character of necessary and invariable order. The post-offices of London and Paris have latterly published returns of the number of letters which the writers through forgetfulness omitted to direct; and, making allowance for the difference of circumstances, the returns are year after year copies of each other. Year after year the same proportion of letter-writers forget this simple act, so that for each successive period we can actually foretell the number of persons whose memory will fail them in regard to this trifling, and as it might be accidental occurrence.

"To those who have a steady conception of the regularity of events, and have firmly seized the great truth that the actions of men, being guided by their antecedents, are in reality never inconsistent, but, however capricious they may appear, only form part of one vast scheme of universal order, of which we in the present state of knowledge can barely see the outlines, to those who understand this, which is at once the key and the basis of history, the facts just adduced, so far from being strange, will be precisely what would have been expected, and ought long since to have been known. Indeed, the progress of inquiry is becoming so rapid and so earnest, that I entertain little doubt that before another century has elapsed, the chain of evidence will be complete, and it will be as rare to find an historian who denies the undeviating regularity of the moral world, as it is now to find a philosopher who denies the regularity of the material world."

One great consequence of the belief in the doctrine of universal law is a deeper conviction of the self-sufficiency and self-regulation of human affairs. Mr. Buckle develops this idea in a very able and extended way. He holds that government and literature, instead of being as they are generally supposed, great originating powers of human advancement, are only registers of progress—mere superficial exponents and outgrowths of real forces which work in the depths of society. He takes pains to show the futility of all legislative intermeddling in the way of "protection," either of commerce, literature, or religion. All progress he regards as due to intellectual activity,



and that activity is best secured by the smallest amount of mental trammeling and restriction.

"It is impossible to estimate the character of any period except by tracing its development; in other words, by measuring the extent of its knowledge. Therefore it is that to write the history of a country without regard to its intellectual progress, is as if an astronomer should compose a planetary system without regard to the sun, by whose light alone the planets can be seen, and by whose attraction they are held in their course, and compelled to run in the path of their appointed orbits. For the great luminary even as it shines in the heavens, is not a more noble or a more powerful object than is the intellect of man in this nether world. It is to the human intellect, and to that alone, that every country owes its knowledge. And what is it but the progress and diffusion of knowledge which has given us our arts, our sciences, our manufactures, our laws, our opinions, our manners, our comforts, our luxuries, our civilization; in short, every thing that raises us above the savages, who, by their ignorance, are degraded to the level of the brutes with which they herd. Surely, then, the time has now arrived when they who undertake to write the history of a great nation should occupy themselves with those matters by which alone the destiny of men is regulated, and should abandon the petty and insignificant details by which we have too long been wearied."

There has been a foolish outcry against Mr. Buckle as a sceptic, but the criticism has wholly mistaken the nature of his scepticism. He means by it that hardness or reluctance of belief in results already arrived at, which is the first condition of, and strongest incentive to further inquiry. He says:—

"Yet it is evident that until doubt began, progress was impossible. For, as we have clearly seen, the advance of civilization solely depends on the acquisitions made by the human intellect, and on the extent to which those acquisitions are diffused. But men who are perfectly satisfied with their own knowledge will never attempt to increase it. Men who are perfectly convinced of the accuracy of their opinions will never take the pains of examining the basis on which they are built. They look always with wonder, and often with horror on views contrary to those which they inherited from their fathers; and while they are in this state of mind, it is impossible that they should receive any new truth which interferes with foregone conclusions.

"On this account it is, that although the acquisition of fresh knowledge is the necessary precursor of every step in social progress, such



acquisition must itself be preceded by a love of inquiry, and therefore by a spirit of doubt ; because without doubt there will be no inquiry, and without inquiry there will be no knowledge. For knowledge is not an inert and passive principle which comes to us whether we will or no ; but it must be sought before it can be won ; it is the product of great labor and therefore of great sacrifice. And it is absurd to suppose that men will incur the labor, and make the sacrifice for subjects respecting which they are perfectly content. They who do not feel the darkness will never look for the light. If on any point we have attained to certainty we make no further inquiry on that point, because inquiry would be useless and perhaps dangerous. The doubt must intervene before the investigation can begin. Here then we have the act of doubting as the originator, or, at all events, the necessary antecedent of all progress. Here we have that scepticism, the very name of which is an abomination to the ignorant ; because it distresses their lazy and complacent minds ; because it troubles their cherished superstitions ; because it imposes on them the fatigue of inquiry ; and because it rouses even sluggish understandings to ask if things are as they are commonly supposed, and if all is really true which they from their childhood have been taught to believe.

“The more we examine this great principle of scepticism, the more distinctly shall we see the immense part it has played in the progress of European civilization. To state in general terms, what in this introduction will be fully proved, it may be said, that to scepticism we owe that spirit of inquiry, which during the last two centuries has gradually enroached on every possible subject ; has reformed every department of practical and speculative knowledge ; has weakened the authority of the privileged classes, and thus placed liberty on a surer foundation ; has chastised the despotism of princes ; has restrained the arrogance of nobles, and has even diminished the prejudices of the clergy. In a word, it is this which has remedied the three fundamental errors of the olden time ; errors which made the people, in politics too confident ; in science too credulous ; in religion too intolerant.”

The two volumes now published are of the nature of a general introduction to the proper history of English civilization, which is yet to be written. It is an attempt to establish the philosophical principles upon which history should be constructed ; and though another volume should fail to appear, it will stand as an invaluable contribution to this important subject. The second volume is an exhaustive and powerful analysis of the influence of an ecclesiastical or churchly element upon the course of civilization, and is illustrated

by the intellectual career of a Catholic and a Protestant country—Spain and Scotland. The author closes his view of Spanish civilization with the following among other reflections :—

“ The reader will now be able to understand the real nature of Spanish civilization. He will see how, under the high-sounding names of loyalty and religion, lurk the deadly evils which these names have always concealed, but which it is the business of the historian to drag to light, and expose. A blind spirit of reverence, taking the form of an unworthy and ignominious submission to the crown and the church, is the capital and essential vice of the Spanish people. It is their sole national vice, and it has sufficed to ruin them. From it all nations have grievously suffered, and many still suffer. But nowhere in Europe has the principle been so long supreme as in Spain. Therefore, nowhere else in Europe are the consequences so manifest and so fatal. The idea of liberty is extinct, if indeed, in the true sense of the word, it can ever be said to have existed.

“ We find there a reverence for antiquity and an inordinate tenacity of old opinions, old beliefs, and old habits, which reminds us of those tropical civilizations which formerly flourished. Such prejudices were once universal even in Europe ; but they began to die out in the sixteenth century, and are now comparatively extinct except in Spain, where they have always been welcomed. In that country they retain their original force, and produce their natural results. By encouraging the notion that all the truths most important to know are already known, they repress those aspirations, and dull that generous confidence in the future, without which nothing really grand can be achieved. A people who regard the past with too wistful an eye, will never bestir themselves to make the onward progress ; they will hardly believe that progress possible. To them antiquity is synonymous with wisdom, and every improvement is a dangerous innovation. In this state Europe lingered for many centuries ; in this state Spain still lingers. Hence the Spaniards are remarkable for an inertness, a want of buoyancy, and an absence of hope, which, in our busy and enterprising age, isolate them from the rest of the civilized world. Believing that little can be done, they are in no hurry to do it. Believing that the knowledge they have inherited is far greater than any they can obtain, they wish to preserve their intellectual possessions whole and unimpaired ; inasmuch as the least alteration in them might lessen their value. Content with what has been already bequeathed, they are excluded from that great European movement, which, first clearly perceptible in the sixteenth century, has ever since been steadily advancing, unsettling old opinions, destroying old follies, reforming and improving on every side, influ-

encing even such barbarous countries as Russia and Turkey, but leaving Spain unsettled. While the human intellect has been making the most prodigious and unheard-of strides, while discoveries in every quarter are simultaneously pressing upon us, and coming in such rapid and bewildering succession that the strongest sight, dazzled by the glare of their splendor, is unable to contemplate them as a whole; while other discoveries, still more important, and still more remote from ordinary experience, are manifestly approaching, and may be seen looming in the distance, whence they are now obscurely working on the advance thinkers who are nearest to them, filling their minds with those ill-defined, restless and almost uneasy feelings which are the invariable harbingers of future triumph; while the veil is being rudely torn, and nature, violated at all points, is forced to disclose her secrets, and reveal her structure, her economy and her laws, to the indomitable energy of man; while Europe is ringing with the noise of intellectual achievements, with which even despotic governments affect to sympathize, in order that they may divert them from their natural course, and use them as new instruments whereby to oppress yet more the liberties of the people, while, amidst this general din and excitement, the public mind swayed to and fro, is tossed and agitated,—Spain sleeps on, untroubled, unheeding, impassive, receiving no impressions from the rest of the world and making no impressions upon it. There she lies at the further extremity of the continent, a huge torpid mass, the sole representative now remaining of the feelings and knowledge of the Middle Ages. And what is the worst symptom of all, she is satisfied with her own condition. Though she is the most backward country in Europe, she believes herself to be the foremost. She is proud of every thing of which she should be ashamed. She is proud of the antiquity of her opinions; proud of her orthodoxy; proud of the strength of her faith, proud of her immeasurable and childish credulity; proud of her unwillingness to amend either her creed or her customs; proud of her hatred of heretics, and proud of the undying vigilance with which she has baffled their efforts to obtain a full and legal establishment on her soil."

## S U M M A R Y .

---

DR. THOMAS MAYO ON THE MORAL PHENOMENA OF INSANITY AND ECCENTRICITY.—A state which may seem to deserve the name of Moral Insanity, as exhibiting a perversion of the moral sentiments, tendencies and perceptions, with no slight loss of self-control, must be recognized as often prominent in the early stage of mental disease, and before the intellect is palpably affected. When certain delusions, when delirium or incoherency supervene, the case obtains without question the name of insanity. While most cases begin in this way, a very palpable difference of a practical kind is made by many reasoners in nomenclature ; some extending the epithet insane to all those who exhibit these moral phenomena, whether combined with intellectual perversion or not ; others refusing to assign it, unless the intellectual lesion be also patent in the case. Up to this point in the history of mental affection the patient must be held, in their opinion, personally responsible for his conduct in a criminal sense ; while, with those who are disposed to give moral phenomena an equal weight as pathognomie of insanity with those of the intellect, the moral phenomena which, with the former, are only recognized as having been insane when an intellectual aberration has occurred, are at once recognized as possessing an independent right to constitute a lunatic.

The grounds on which an intellectual as well as a moral aberration are deemed necessary, where insanity is presumed to confer irresponsibility in regard to crime, appear to me good. I have seen no reason to question the importance of this rule, which certainly tends to maintain the boundaries of vice and madness ; so that a murderer should not escape justice on this kind of a plea, unless he had superadded to the phenomena of moral disorder those of intellectual disorder ; the assumption which underlies this argument being that, so long as his intellect is unperverted, he will be found to possess a consciousness of the nature of the criminal act in relation to law. This has been argued by the writer of the present essay and by others, and appears to be a prevalent doctrine with the judges. But it does not form my present object to carry it farther. I wish to guard against a certain apparent parity of reasoning which may leave both the patient and the public unprotected, should the moral symptoms of insanity obtain no recognition from the law until intellectual perversion has been recognized.

I have assumed that the patient may not with safety to society be

considered legally irresponsible as mad while the moral stage, or what shall appear to be the moral stage, of the disease is alone perceptible in his motives and actions. But can the law give him no protection until then? He may destroy the comforts of his family and ruin their fortunes and his own; he may have become a bad father, a savage husband, a profligate and licentious member of society, and a total change of character may have occurred with these symptoms; but no false perceptions, no amount of delirium or incoherency may have given evidence that he is mad, on the principles on which I am supposing that state to be made good in the strict meaning of the term,—here is a difficulty which must not be overlooked, in connexion with the above distinctions. In a word, I wish to establish the point, that a different practical criterion must be sought for as to what insanity means, where the case in question is one in which the agent is claiming protection against the consequences of a crime, on the ground that he is irresponsible,—and where he and his family are claiming protection for themselves and surveillance for *him*, on the ground that he is unfit to manage his person and property. We cannot wait to clear up the question whether the definition of insanity, such as it ought to be, has been accomplished in the supposed case, so as to enable us to coerce it by a certificate of unsoundness of mind, before it has reached a *Cenci dénouement*, or such an one as Fuerbach brings forward in his work on jurisprudence, in which the lives of a whole family were saved by their concurring to put to death a homicidal father. The law will not permit the idea of insanity in the agent to plead his excuse when it knows that he is perfectly aware of the murderous tendency of his actions, and being unable to resist them is only in the same predicament with every recognized aspirant to the gallows. On the other hand, while it refuses to him the protection of a madhouse against the consequences of his criminal acts, it will feel—certainly it ought to feel—averse to deny him the preventive protection of a madhouse, when his friends claim it for him, both for his sake and their own, before a guilty outbreak has occurred.

I have observed that the judges of the land are willing to accept the definition of insanity which I claim as appropriate, when the plea is to confer irresponsibility; and they are right; but they will cease to be right, if they do not award the privileges of insanity at a less advanced stage of it when such may be the results of restraint and coercion.

There is no subject in which the inability of language to make good *practical distinctions* is more felt than in this. It expresses the tendencies of the rules to be laid down, rather than the exact occasions for their application. Thus, when irresponsibility in criminal cases has to be conferred on the *actual* delinquent with due protection to the interests of the public, the definition of insanity in the



completest form must be predicated of him ; where all that is required of the law amounts to the protection of the *possible* delinquent's person and family, it will appear quite sufficient that a case should be made out of inability to control such conduct as may reasonably be expected to culminate in insanity. It must be admitted that the variety of terms assigned in the medical certificates for the use of witnesses in designating mental lesion facilitates this operation.

Thus both social and individual interests require that the moral phenomena of insanity should be permitted to justify coercion and surveillance when the moral symptoms of insanity alone are present ; and such are the considerations by which it appears to me that the doctrine of moral insanity should be estimated by the law. In this point of view, it is the early period of yet imperfect insanity ; and thus viewed, it is not one head of a division of which insanity is the genus, as Pinel considers it, but a state almost always recognizable in the early condition of those who eventually become insane—though not always proceeding into that development, or obtaining the genuine characteristics of the formed disease ; viz., the intellectual lesion. The question whether a phrase of this moral perversion justifies us in leaving it under the cognate condition called eccentricity, or contains, though dimly perceived, those elements of deficient self-control which we may deem, not indeed exculpatory of criminal acts, but justificatory of our protecting the patient against himself—this question is full of difficulty. To an experienced psychologist there may be strong grounds in a given case, and that in very early life, for suspecting that a false perception underlies what he would willingly call eccentricity. How may such phenomena be distinguished from eccentricity, so that the interference of the law may not become an unjustifiable interference with liberty, or an unnecessary stigma to future life ? The amount of self-control possessed by the patient must be taken into the account in reference to the probability that any such morbid perception should gain the mastery over him. It will often be an important indicant that such morbid impressions underlie his eccentricity, if he is noticed to make motiveless but voluntary gesticulations ; if talking to himself he is observed to be occasionally talking to some one else, some imaginary personage ; apparently motiveless conduct is always suspicious. An unreasonable fancy that he is watched and noticed is the rudiment often of a deep-rooted conviction that there is a conspiracy against him—one of the most frequent maniacal fancies when the intellectual development of the disease has been reached. Meanwhile, the class which I am describing is not less under these singular influences, because they can sometimes play with them or use them with a cunning purpose. It is indeed difficult to find one's way through the intricacies of the *perverted* phenomena acting on the more *normal*. The late Dr. Warburton and I were requested by our friend, the late Dr. Monro,



with his usual solicitude on behalf of his patients, to help him towards solving a doubt which he entertained respecting the *existing* state of one of his patients. The man had labored more than once under unquestionably insane symptoms. But we ascertained that he was well aware of his state, as well as the opinion entertained by the world in regard to such symptoms; and being a profligate and unprincipled fellow, knew how to encourage their evolution, when they were called for, by some infamous gratification or indecent *bizzarrie*, as he much preferred an establishment to a prison, which, *as a perfectly sane man*, he would have frequently incurred. He had divested himself of his abnormal symptoms to a remarkable degree when we saw him, and Dr. Munro had been urgently called on to let him out by his unfortunate wife, because on his eventual enlargement, if not then permitted, he would, she said, terribly revenge himself on her.

Doubtless, these symptoms, wavering between eccentricity and insanity, but combined with vicious propensities, are often received into an asylum when a prison would be more appropriate. I was told lately by Mr. Pownall, Chairman, I think, of the Brentford Quarter Sessions, the following anecdote respecting Oxford, who afterwards attempted the Queen's life. Sometime before that act he was brought before Mr. Pownall and another magistrate, on account of some very eccentric cruelty shown towards some fowls; and for this offence let off with a reprimand. Seeing Mr. Pownall sometime afterwards, when in the penal wards of Bedlam—"Had you," said Oxford to that gentleman—"had you punished me when I was brought before you for that former offence, I should not now have been here."

In this point of view, the case of the Hon. Mr. Tuchet was probably a sad instance of mismanagement, both legal and educational. Mr. Tuchet wautouly shot the marker in a shooting gallery. Before this event, while this young gentlemen was on the town in a state of progressively increasing discontent and *ennui*, if the eye of science had been brought to bear upon him, the observer might have possibly seen good reason for calculating upon his exhausting his powers of self-control so far as to acquire good grounds for claiming the protection of the law, before he had rendered his claim to that protection questionable or inappropriate by an act which, at that stage of abnormal conduct, assumed all the frightful character of murder. It is difficult, without more knowledge than we possess of the antecedents of this gentleman, to substantiate completely our hypothesis, but it may be plausibly suggested that he was protected by the decision of a court of justice from punishment for a great crime on the plea of insanity, instead of being prevented from committing that or similar crimes by early surveillance and detention. Meanwhile, the punishment which he thus escaped was *legally* deserved, as he unquestionably well knew the murderous nature of the act which he committed at the moment of commission.

We are liable to the imputation of throwing out an intricate and entangled view of a subject, of which, however, the importance must be admitted. It must be remembered that no chart at present exists to guide us through the contra-indicants which embarrass us in our attempts to reconcile punishment with justice, where some amount of unsoundness of mind is admitted to exist—and coercion with the liberty of the subject, where the power of thought, though weakened, is not abolished. Whatever is the value of the distinctions which I am endeavoring to lay down, it is a painful reflection that the applying them in practice is left to so imperfect a method as the trial by jury. Surely, this is a task which better befits the judges of the land.

If in the above remarks I have maintained the opinion that insanity is incomplete as a ground of protection to delinquents, so long as its symptoms are ethical alone, and not intellectual also, I have not the less considered that it often requires to be made the subject of coercion and surveillance long before any unequivocal evidence of diseased intellect exists. This view opens out a large vista of duties belonging to the psychologist who presides over an asylum, both as to deciding when he may justly consider that its restraints, skilfully managed, will be applicable to a given case, and as to modifying the nature of those restraints and the modes of pleasure, comfort, and encouragement which the patient can bear, so that such patients may be tempted to take refuge in an asylum rather than be taken to it. In this way, and fulfilling these conditions, the proprietor of an establishment may well lay claim to a very high position among the practical philosophers of a country. The habits of mind which he thus forms may not only cure a morbid state, but develop unrecognized mental powers.

Nearly allied with these views, I may mention a very important change which is wanting in the entire education of this country. Certainly, as applied to the higher classes, it assumes as its object the regulation of character contemplated only in its normal state. The *ordinary* vices of the young obtain correction; but of the *extraordinary* and *eccentric* or *abnormal* elements of defective characters, the school or college is kept ostentatiously clear. That is to say, the persons laboring under them are not treated, but expelled; and yet such persons, not deserving to be called mad, form a large element of society. I will illustrate these remarks by a few cases, with the treatment they have appeared to suggest. I was consulted, many years ago, respecting a boy who, as he emerged out of childhood, showed a strong tendency to low company, unreasonable likes and dislikes, to what may be called general recklessness of character, and deficient sympathy with others. At the age of about thirteen he was sent to Rugby, and in a short time expelled from it, not roughly or depreciatingly, but as a case out of their department of education. But what was to happen next? It had clearly become

a case for the discriminating management of a private tutor. But the private tutor, a clergyman of course, was equally worsted. A respectable farmer was next had recourse to, as likely to gratify the boy's taste for lower company than appertained to his social position, in the most creditable, or least discreditable, way. But this was turned by him to a bad account; and now sottishness and low company were closely besetting him. Consulted by his mother, I told her that the medical profession afforded to its members a larger knowledge of the human mind than the church, the farmhouse, or the public school, and that this knowledge was wanted to him who should pretend to manage her son; and I promised to look out for some young member of our profession, who would undertake to travel with her son. The plan was accepted, and it answered; that is to say, a downward progress was arrested, and the subject of it was raised to a much higher pitch of moral worth and steadiness of character, in which he has since remained. But a gentleman-like tone of mind has never been reached by him.

In another case of the same kind, circumstances permitted me to adopt a much bolder plan. He was a boy, aged about seventeen, who had by that time defeated almost every system of education, and had a fair chance of bringing himself to prison or the gallows, unless certain tendencies to indecency and to violence in his character either became sufficiently marked to render him irresponsible as an undoubted maniac, or could be arrested or placed within his control. This was in the year 1831. A very excellent establishment in my neighborhood, in which I believed he might obtain this wanting education, as well as the positive restraint which some recent outbreaks appeared to justify, on the plea of unsoundness, gave me the means of subjecting this youth to the firm and passionless surveillance which only an asylum, or a place conducted in some measure on the principle of an asylum, can afford. The proprietor of it was well known to me as a gentleman of excellent judgment and an amiable character.

I took him to this establishment, in 1831, accompanied by his father and another relative, showed him at once into his apartment, and briefly told him why he was placed there, and how inflexible he would find his restraint until he should have gained habits of self-control. At the same time I pointed out to him the beautiful and wide grounds of the establishment, and the many enjoyments which he might command by conformableness. This I stated to him in the presence of his two relatives, whom I then at once removed from the room. When I saw him about an hour afterwards, the nearest approach that he made to surprise or regret, was the expression, that "he never was in such a lurch as this before."

For about a fortnight he conducted himself extremely well. He then lost his self-command, kicked his attendant, and struck him

with a bottle of medicine. On this I went over to see him. He vindicated himself with his usual ingenuity, but looked grave and somewhat frightened when I told him that, if he repeated this offence, he would be placed under mechanical restraint; not, indeed, as a punishment, but as a means of supplying his deficiency in self-control. He expresses no kindly or regretful feeling towards his relatives, but confesses the fitness of his treatment and confinement. It appears to me that he is *tranquillized* by his utter inability to resist. From this time, during his stay at the establishment, which I continued for fourteen months, no further outbreak against authority took place. He ceased to be violent, because the indulgence of violence would imply risk of inconvenience to himself, without the comfort which he had formerly derived from it, in exciting the anger of his friends and giving them pain. His attempts at sophistry were thrown away upon us; his complaints of the hardship involved in the nature of the restraints imposed upon him, namely, the limitation to the grounds of an establishment, regular hours, and the constant presence of an attendant, were met by a calm affirmation that he had himself admitted the necessity of some control, and that he had surmounted every other form of it. I encouraged correspondence with myself; but when any one of his letters was insolent and wayward, I declined accepting the next letter until some time should have elapsed. He read much, for we supplied him with books; and I sometimes engaged him in literary conversation. Two or three times I obtained from him a tolerably well-constructed Latin lesson. This, however, was to him a school of moral rather than intellectual advancement. A sustained attempt at tuition would have supplied, under present circumstances, too many opportunities of irritation between the teacher and the scholar. The *temper* requisite for the reception of knowledge and the cultivation of the intellect was *being formed*, and could not safely have been *assumed*. The same consideration induced me to postpone to him the motives and sanctions of religion. It gradually became observable, both to myself and the proprietor of the asylum, that he was becoming comparatively happy. He entered freely, and with little acrimony, into conversation with us. His complaints of the injustice of his detention became formal, and assumed the character of lodging a protest rather than making a remonstrance. Sometimes he very ingenuously admitted the freedom from unhappiness which he experienced in his present state, and compared it favorably with that in which he had previously lived, always wretched himself, but occasionally enjoying the miserable comfort of making others yet more wretched. In the course of several of my interviews, I observed the valuable influence exercised upon him by the fear of becoming irregular in mind through the indulgence of intemperate violence. The establishment itself had supplied him with a few cases in point. One young man, who had



struck his father, and from that time was a wretched maniac, drew his attention.

He generally dined alone; occasionally, and by invitation, with Mr. N——'s family. He associated with some of the patients. He never made any attempt to escape from the place; in fact he felt himself mastered, and submitted.

After he had been about a year in this place, he exhibited a trait of character which gave us pleasure. We found that he had given ten shillings to an attendant, by whom we had reason to believe that he had not been respectfully treated.

But the increasing quietness with which he adverted to, and remonstrated against his detention, most tended to assure us that we might soon bring it to a close.

The time indeed was now arriving at which it seemed reasonable to bring to a conclusion a method of treatment, which nothing could have justified in the case to which it was applied, except the extreme importance of the principle which it embodied, and the difficulty of finding any other means of carrying that principle into effect. Towards the end of the fourteenth month of his stay I obtained for my young friend, as a private tutor, a gentleman in whose family he should reside on leaving the establishment with three or four other private pupils; and I determined he should be removed thither by one of those relatives who had conveyed him to the establishment. At the private tutor's my young friend was considered gentleman-like and companionable; if opposed and thwarted, showed no symptoms of his ancient violence; waywardness was discoverable occasionally, but was no longer a property which defied self-control. On leaving his tutor's at the end of about a year, in order to commence professional studies, he dined and slept at my house, and conducted himself in a cordial and agreeable manner.

In order that the successful issue of this case, verified as it has been by my subsequent inquiries, may not place the system under false colors, I may observe that I do not think it could have been carried out in this form but for certain points of character existing in the patient which adapted him to the treatment applied. Without possessing active courage, he had much firmness and power of endurance; and although his scanty moral principle had not given him habits of veracity, yet he possessed in a high degree the tendency to think aloud; he was naturally frank. Indeed, the openness with which he would let out those thoughts, which it was most his interest to keep secret in his evil days, was in constant contrast with the perfect unfairness and disingenuousness of his arguments in support of *them* or in vindication of his conduct. Now, the firmness of his character enabled him to endure what would have shocked weak minds—the name of a madhouse; while his frankness made it impossible for him to conceal his thoughts and feelings, and thus en-

abled both myself and the excellent proprietor of the establishment, perfectly to estimate the effect of our measures on his character while they were proceeding.

"Quis teneat vultus mutantem Protea nodo?"

In the above remarks I have endeavored to accomplish this kind of difficulty; for I have endeavored to discover means of identifying the moral phenomena of the insane state, as distinct from those which may be left to the expressive term eccentricity. And at the same time I have proposed to establish certain practical relations between these states through a modified application of the same principles of treatment to both.—*Winslow's Psychological Journal*, April, 1861.

ON INDIAN HEMP, PARTICULARLY IN RELATION TO ITS PROPERTY OF PRODUCING SLEEP.—Dr. Frommüller first employed the Indian hemp in the case of a phthisical patient in the year 1850, and since that time he has devoted himself to the especial study of the properties of this substance. The result has been the production of a treatise founded upon the clinical observation of a thousand cases in which Indian hemp was administered. This plant has been very much extolled by many practitioners in various countries, but has lately fallen into disuse, owing to the supposed uncertainty of its operation. The discredit attached to it is attributed by Dr. Frommüller partly to the contradictory statements published concerning its operation by various writers, and partly to the difference in its effects in the Eastern hemisphere compared with those observed in Europe. The Indian hemp in India and that grown in Europe present the same external form, but they differ in the relative proportion of narcotic resin which each contains, and which is the active principle of the plant. It appears that the amount of resin depends not only upon differences of latitude, but also upon the depression or elevation of the regions where the plant is grown. Chemical analysis has discovered that the Indian hemp contains gum, bitter extractive matter, albumen, chlorophyll, etherial oil, and a peculiar resin. This resin is called *cannabin* by some writers, and forms six to seven per cent. of the dried plant. The etherial oil has been obtained by Martius only in small quantity; it is of a slightly yellowish color, of a peculiar etherial camphor-like smell, and an aromatic astringent, and afterwards bitter taste. The preparations of Indian hemp hitherto employed are the powdered plant for pills or powder, resinous extract of hemp in powders or pills, tincture of the resin, and emulsion.

With regard to its application to the practice of medicine, the Indian hemp may be considered valuable as a tranquillizing antispasmodic drug. It has been employed with favorable results in tetanus



and trismus, cardialgia, rheumatism, and in some mental diseases. Of 1000 cases in which this drug was administered by Dr. Frommüller, 552 were males and 448 females, and the patients were of various ages, from one year to fifty and more. The principal diseases of the patients were tuberculosis, inflammation, surgical diseases, rheumatism, diseases of the eyes, nervous diseases, and dropsy. The greater part of the cases were treated by the spirituous extract prepared by Merk in Darmstadt: but others were treated by the extract prepared by the late Dr. Jacob Bell, of London. It is to be observed that all the observations were made on cases in which there had been no sleep for several nights, and in which the continuance of sleeplessness was to be anticipated unless some narcotic was employed.

Out of the thousand cases it was found that the narcotic property of the hemp was completely developed in 530, partially in 215, and little or not at all in 255. With the extract of Indian hemp the best effects were produced 145 times with a dose of 12 grains, 64 times with a dose of 8 grains, 63 times with a dose of 10 grains, 35 times with 16 grains, 22 times with 3 grains, 17 times with 2 grains, 15 times with 14 grains, 14 times with 20 grains, 13 times with 6 grains, 12 times with 5 grains. The period of falling to sleep, and the duration of sleep in the cases, are numerically recorded by Dr. Frommüller, and also the number of cases in which unfavourable results ensued on the day of taking the drug, or on the next morning. Comparative observations were also made with morphia in cases where the Indian hemp had failed. Out of 29 cases in which Indian hemp had produced no effect, sleep was produced by morphia in 24. The dose of morphia was in general rather a strong one—from one-sixth of a grain to 2 grains—in order to induce sleep. In the remaining 5 cases the morphia produced no effect.

The conclusions to which Dr. Frommüller arrives as the results of his observations are the following: 1. That Indian hemp, among all the known medicines which cause stupefaction, is that which produces a narcotism most completely supplying the want of natural sleep, without occasioning any great excitement of the vascular system, without special stoppage of the secretions, without the super-vention of unfavourable consequences, and without subsequent paralysis. 2. That Indian hemp, on the other hand, is not so strong nor so certain in its operation as opium. 3. That Indian hemp may be given in all acute inflammatory diseases and in typhus fever. 4. That it is worth a trial to alternate the Indian hemp with opium in cases where the latter fails. 5. That the best mode of administration is the alcoholic extract in small pills which contain an addition of the powder of the Indian hemp. The lowest dose for producing sleep may be estimated as eight grains given in pills of one grain each.—*B. and F. Med.-Chir. Rev.*, 1861, from *Vierteljahrsschrift für die praktische Heilkunde*, 1860.

INCREASED ASYLUM ACCOMMODATION FOR THE INSANE IN ENGLAND.—The new asylum for the united counties of Bedfordshire, Herts, and Hants, built for 500 patients, at an estimated cost of £65,000, is nearly complete. At the Chester Asylum additional accommodation has been provided in a manner which appears to have given the commissioners great satisfaction, namely, by two new wings, copied from the new building recently erected at the Devon Asylum. These new wings, with accommodation for 217 patients, have cost only £7,733 5s. 4d., or about £36 a head. Mr. Brushfield, the superintendent of the asylum, has furnished the commissioners with six lithograph plans of these new buildings, which, together with a concise description, the commissioners have published in their appendix. The new male building is quite detached, but the female touches the old asylum by one corner. We sincerely hope to see this plan, so strongly recommended by the commissioners, adopted wherever a moderate degree of asylum extension becomes needful. One of its advantages we take to be, that it will not readily be adapted to any immoderate extension, for instance, such a one as that proposed by the Surrey Magistrates for 660 patients, at a cost of £53,500; whereby the Surrey Asylum would be made to contain 1,600 patients, and become in size at least a rival to the gigantic blunders at Hanwell and Colney Hatch. The commissioners have, it appears, at present refused their sanction to this scheme of the Surrey visitors, on the ground that the site is by no means too large for less than half that number of patients; and as the Magistrates of Surrey have refused to sanction the purchase of more land, it is to be hoped that the scheme will prove abortive, and that the only reasonable mode of providing the needful accommodation, by the erection of a new asylum in another part of the county, will be adopted.

In Dorsetshire, sixty acres of land have been purchased at the rate of £100 per acre, for the site of the new asylum; plans for the asylum have been approved, and the work, we hear, has been commenced. The new asylum for Northumberland was opened for the reception of patients in March, 1859, and on the inspection of the commissioners, "considering the short time the asylum had been opened, it presented a remarkable amount of comfort and order." It is situated at Cottingwood, three quarters of a mile from Morpeth, and will accommodate 210 patients. There are some points in the description of the building worth noting. "The external walls are built with a two inch void, to prevent the transmission of warmth and damp." "Pressed bricks are used, which give sufficiently smooth surfaces to the walls as to require no plastering to the interior of the wards." "The floors are all boarded." "The window-sashes of the day-rooms and associated dormitories on the ground floor are of cast-iron, made to slide upon brass sheaves, leaving un-

glazed spaces of one pane in breadth when open." "The whole of the wards are warmed by open fires only; the ventilation is effected by two foul air shafts in the towers."

The opening of the Sussex Asylum was delayed in consequence of engineering difficulties met with in boring for water. It was, however, opened on the 25th July, last year, and when visited by the commissioners, its general condition elicited their approbation, and the remark that "it evinced great activity on the part of the medical superintendent."

Plans for the enlargement of the Birmingham Asylum are under consideration, but the sanction of the commissioners has hitherto been withheld, on account of the small amount of land attached to the asylum, which is very near to that thriving town, and therefore the recommendation of the commissioners to purchase fifteen acres of additional land, will probably not be effected without a considerable outlay. The completion of the Bristol Asylum for 400 patients, has been delayed by four strikes among the masons.

The commissioners conclude their report upon the alterations which have taken place in the public institutions for the insane, by describing the separation between the county pauper establishments, and the charitable hospitals for the insane, which have been established and hitherto jointly conducted at Gloster and Nottingham. At Gloster, the interest of the subscribers, or, more correctly speaking, the interests of the charity represented by the subscribers of the joint estate for the time being, was purchased for the county for £13,000, with part of which sum the subscribers purchased a gentleman's residence, called Barnwood House. With this old mansion as a basis of operations, the committee have constructed a "building in every way suitable for its purpose, and it will afford excellent accommodation for the upper as well as the middle-class patients."

At Nottingham, a transaction of exactly similar character has taken place. The committee, however, for the hospital, having had to provide an entirely new building, which, with the purchase of fifteen acres of land, has been completed and furnished for £18,500. The building appears to be warmed in a novel manner, by "detached chimney stacks running up in the centre of the rooms, forming blocks of about six feet by five, but pierced in the centre with arched openings; this aperture is filled by two open fire grates placed back to back, the open space between them forming a warm-air chamber, the whole being covered down with an iron slab faced with ornamental tiles." "The patients being, as it were, able to form a double circle round the fire, and to see each other through the arched opening between the fire grates, it renders this arrangement of the places more conducive to the cheerfulness of the apartment; and in regard to heat, it certainly is more economical than if they were placed as they otherwise must be, against the outer wall."

—*Journal of Mental Science*, Oct., 1860.

NUMBER AND DISTRIBUTION OF THE INSANE IN SCOTLAND.—We have again to note a considerable increase in the number of pauper lunatics. On 1st January 1858, they were returned to us as amounting to 4737; on 1st January 1859, to 4980; and on 1st January 1860, to 5226. There was thus an increase of 243 in 1858, and of 246 in 1859.

The distribution of the insane in Scotland on 1st January 1860, was as follows:—

In public and district asylums there were 2632 patients, being an increase, since 1st January 1859, of 136. Of these patients, 1355 were males, and 1277 females; 773 were supported by private funds, and 1859 by parochial rates. At 1st January 1859, the numbers supported by private funds and parochial rates were respectively 809 and 1687. It thus appears, that during 1859 a decrease of 36 had taken place in the number of private patients, and an increase of 172 in that of paupers. The number of patients in private asylums or licensed houses amounted to 852, being an increase of 31 in 1859. Of these patients, 349 were males, and 503 females; 196 were supported by private funds, and 656 by parochial rates. On the first of January 1859, the numbers supported by private funds and parochial rates were respectively 200 and 621. It thus appears, that during 1859 a decrease of 4 had taken place in the number of private patients, and an increase of 35 in that of paupers. The insane in poor-houses amounted to 866, being an increase of 69 during the year. Of these patients, 349 were males, 517 females; all of whom, with the exception of 2 females, were maintained by their parishes. The pauper lunatics placed as single patients amounted to 1847, being a decrease of 30 since the returns of the previous year. These patients, comprising 828 male and 1019 females, were disposed of in the following manner:—652 males and 750 females were living with relatives; 134 males and 220 females were placed with strangers; and 12 males and 49 females were living alone.

As stated in former Reports, we have no reliable means of ascertaining the number of private patients living singly; but in the course of our investigations we became cognizant of the existence of 1867, comprising 1041 males and 846 females. Although we had reason to think that these numbers were considerably within the reality, we adopted them in our Second Report, and we continue them in the estimates of this year, as we are without the means of determining the changes which have occurred from the addition of new cases, or the subtraction of old ones by recovery or death.

Of 8084 insane persons in Scotland, 2858 were supported by private funds, and 5226 by parochial rates. On the 1st of January 1859, the corresponding numbers were 2898 and 4980. The increase in the numbers of the insane thus appears to be restricted to pauper lunatics. It is found, however, in all the different classes of estab-

lishments ; in public and district asylums, in private asylums, and in lunatic wards of poorhouses. On the other hand, the number of private patients has diminished. The result is probably in a great measure due to the transfer of a number of the indigent insane from the class of private patients to that of paupers.—*From an Abstract of Third Annual Report of Board of Lunacy for Scotland, in the Edin. Med. Journal, June, 1861.*

---

INSANITY IN MASSACHUSETTS.—In Massachusetts, there were, in the year 1854, two thousand six hundred and thirty-two insane persons. Unquestionably they are no less, but probably more, at the present time. But allowing that there had been neither increase nor decrease of insanity, within five years, we have 2,632 lunatics at the present time, living in or belonging to this State. There were at the end of the last reported year, [1860], thirteen hundred and sixty-one (1,361) patients in the five public lunatic hospitals, and these were supported in that year, in those institutions, at the cost of \$245,257 ; adding the estimated cost of the 1,271 lunatics who are at their homes, in poor-houses, prisons, &c., \$100 a year for each, the whole cost of maintaining insanity the last year, was \$372,357. This sum was paid by the State, the towns and the friends of the patients, and came out of the general public and private capital and income of the Commonwealth. This is the expenditure of last year ; it was about the same in the year before, and for several or many years previous, and there is no reason to suppose that it will not be the same next year, and in years beyond, unless insanity shall diminish. Eight hundred and seventy-one patients were received into the lunatic hospitals during the last year ; seven hundred and fifty-one in the year previous ; seven hundred and sixty-seven in the year before that. A few of these came from other states to the McLean Asylum ; a few were transferred from one hospital to another, and were consequently counted twice, and some others were doubtless old hospital residents, that had been out for a season and returned. Making all these allowances, it is safe to assume, that there were seven hundred new patients admitted in the last year, and these must represent the number of new cases of insanity in the last and in each of several of the years previous ; and unless the habits and exposures of our people change, it will be the same this year and next, and in years beyond. Seven hundred of our men and women, in the responsible and self-sustaining age, are taken from the sphere of action and usefulness, and cause so much loss of productive power, to their families and the State, and so much addition to the public and private burden in their support, and the extraordinary care and watchfulness needed for them. This is a matter of terrible interest to the people and the govern-



ment, to see whether it need be perpetually renewed. It is worthy of the profoundest consideration of the legislature to inquire, whether this burden upon the sympathies and the comforts of home, upon private property and the general treasury, this mill-stone hanging on the neck of the body politic may not be lessened, and a better inheritance of a more general health of mind, as well as of body transmitted to our children.—*Memorial of Boston Sanitary Association.*

---

INCREASE OF INSANITY.—The alleged increase of insanity throughout civilized Europe receives daily fresh illustrations in various quarters. We have stated at different times to what extent the public and private statistics of England and Scotland, of Australia and of France, testify to the growing frequency of mental disease; and we find new proof in the statements of the leading journal, from which it appears that in Ireland, also, the increase in insanity is exciting much attention. In Belfast, last week, a deputation from the governors of the District Insane Asylum waited on the grand jury to present a statement on the subject, and represent the urgent want of more accommodation for the insane. The deputation consisted of the Lord Bishop of the diocese, the Right Reverend Dr. Denvir, the Roman Catholic Bishop, the Rev. Dr. Montgomery, the Rev. Dr. Edgar, and Dr. Stewart, medical superintendent of the asylum. The Lord Bishop said that though they had an asylum which cost £72,000, there was still a want of increased accommodation, and, in his opinion, the difficulty would be met by building an auxiliary asylum on the same ground, and under the same efficient superintendence. The Rev. Dr. Edgar read an interesting statement on the subject, and the right Rev. Dr. Denvir spoke on the “appalling increase” of insanity in that district. In the Belfast Workhouse alone—a place where they cannot be cured or cared for—there are 131 insane persons. There are nine insane persons in the Belfast Jail, and seventeen in the County Down Jail. The Rev. Dr. Montgomery, who said he had been thirty years governor of the asylum, bore similar testimony to the “great increase” of the malady. There are 354 patients in the asylum, and there are nearly the same number ready for admission in the two counties of Down and Antrim. These are either accommodated in work-houses, or confined in jails as criminal insane. But there are numerous cases in which the parties would not be admitted as paupers, and yet their friends are not able to pay for them in private asylums. These are confined in rooms at their respective homes, without proper care, and sometimes subjected to cruel treatment.—*London Lancet.*



DR. DAVID SKAE'S DEFINITION OF INSANITY.—I had arrived at the conclusion that it was a disease of the brain affecting the mind. I have to complete this definition by saying how it affects the mind. My reply is, that emotions and passions are caused by the *disease*, and not by the motives ordinarily calling into action these emotions—that is *moral* insanity—and that in another class of cases ideas are believed in which have no evidence of their truth; they are neither founded on fact, observation, nor memory, and are such as no sane man would entertain as matters of testimony or observation; they are, in fact, morbid fancies and beliefs—ideas caused and believed in by disease.

To reduce my definition to a brief compass, I would say that *insanity is an (apyretic) affection of the brain in which emotions, passions, or desires are excited by DISEASE (not by motives,) or in which CONCEPTIONS are mistaken for acts of PERCEPTION or MEMORY.*

This definition appears to me to comprise everything. The first part of it defines *moral insanity*, in which the propensities, emotions, and desires alone are *morbidly* excited; and the second part of it defines *intellectual insanity*, in which there are actual delusions or hallucinations, so long considered the essential feature of madness. If I would add anything to this definition, it would be the *loss of self-control*, or *self-direction*, which appears to me to be the peculiar characteristic of all forms of insanity,—that loss of self-control over the actions, which permits them to be restless, violent, or extravagant; a loss of control over the passions, which permits them to overrule the judgment and the conscience, and ends in acts of vice, debasement or violence; a loss of control over the succession of the thoughts, which permits them to be incessant, rapid, and incoherent; a loss of control over the ideas, which precludes the insane from the exercise of comparison and judgment, and leaves them (as D. Stewart remarked), like persons in dreams, to mistake the objects of reverie or imagination for realities. In fact, I know of no designation for insanity which more briefly and correctly distinguishes it than the old Scotch one, namely, a man who has *lost his judgment*.—*Edin. Med. Jour. April, 1861.*

---

POSTPONEMENT OF MEETING OF THE ASSOCIATION.—On account of the troubled state of the country, the Sixteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, appointed to convene June 11th, 1861, at Providence, R. I., has been postponed for one year.

# AMERICAN JOURNAL OF INSANITY.

---

VOL. XVIII.

UTICA, OCTOBER, 1861.

No. 2.

---

ESSAYS, CASES, AND SELECTIONS.

---

## SHAKSPEARE'S DELINEATIONS OF MENTAL IMBECILITY, AS EXHIBITED IN HIS FOOLS AND CLOWNS.

By A. O. KELLOGG, M. D., Port Hope, Canada West.

IN former papers in this journal, we have attempted to point out the extraordinary accuracy and facility manifested by the great dramatist in the delineation of mind as warped and influenced by disease, and to show that in drawing the characters of Lear, Macbeth, Lady Macbeth, Ophelia, and Hamlet, he has exhibited a knowledge of the operations of mind, as influenced by delicate shades of disease far beyond that of his own times, and quite equal to that of the most accomplished psychologists of our own. Nothing connected with the operations of the human intellect, in any forms, whether of health or disease, seems to have escaped the observation of this "myriad-minded" man, nothing has been too high for his sublime and philosophical contemplation, nothing too low for his minute and careful observation. He has traversed the whole realm of human intellect, as a sovereign prince makes a triumphal tour through a conquered province; while philosophers and moralists, physicians and metaphysicians, statesmen, lawgivers, and poets, have fallen humbly at his feet to do him

VOL. XVIII. No. 2.

A

homage ; for in the province of each he has been acknowledged worthy to reign supreme. In that of the physician and medical psychologist, we think we have given sufficient evidence of his deserved supremacy, in former papers, and what is applicable to this our peculiar province, we believe to be applicable to all, and that proof of this would not be difficult to furnish.

To multiply instances, and bring forward illustrations, would not come within the scope of these papers. One illustration however we are tempted to adduce in this place, which must suffice. So great was Shakspeare's knowledge of law-forms and law-terms (see Lord Campbell, *cum multis aliis*) that nearly every lawyer who reads Shakspeare carefully, is ready to maintain that the poet must have been a lawyer, or at least a law student at some period of his life, and as one once remarked to the writer, was only driven from the legal profession into poetry and the drama by the force of his great genius. If the validity of such evidence is to be admitted in proof of his having been a lawyer, we see no reason why, on the strength of the proofs we have adduced in former papers in this journal, we should not be allowed to claim that the great bard must once have been a physician to the insane ; for we think we have shown conclusively that he understood insanity in all its varied forms ; and perhaps it would not be more difficult to show that Shakspeare was once physician in chief to Bedlam Hospital, than to establish many other things that have been asserted respecting his earthly career. Such for example, as his horse grooming and his deer stealing.

But, unlike our brethren of the law, we seek to set up no special claim to him as one of our number, but content ourselves with regarding him as the common property of all thinkers in each and every department of literary effort and scientific research ; and proceed at once to consider another phase of this great intellectual luminary of the sixteenth century, viz : his delineations of the innumerable shades of mental obtuseness and mental imbecility in the characters of his fools and clowns.

In the illustration of the varied and innumerable shades of folly, mental obtuseness, and mental imbecility naturally incident to hu-

manity, our poet is incomparably rich, and every degree and order of mental manifestation is represented with a truthfulness and vigor which has never been equaled, and perhaps never will be to the end of time. He has given us a type of everything bearing the shape of humanity, however remote, and the class of characters we now have to consider, like all his others, do not stand up before us as creatures of the imagination, but as real bodily existences, and we cannot divest ourselves of the idea that such must at some period of time, have walked or "crawled between the heavens and earth." Many of them we have seen, and those that we have not, we feel that we might and should have seen "if our eyes had been opened" like those of the poet.

Of imbeciles and clowns—*fools* as they are generically termed—he has an almost endless variety, and the very names which he gives them are sometimes so strikingly significant and characteristic, that the mere mention of them forces a smile.

Let us take a few examples by way of introduction, and see if we can suppress a smile when the mere name of some of them is called out from the presentation rôle. Bottom the weaver, Peter Quince the carpenter, Snug the joiner, Snout the tinker, Flute the bellows-mender, Starvling the tailor, Christopher Sly the tinker, Sir Toby Belch, Sir Andrew Ague-cheek, Froth, Dogberry, Malvolio, Launcelot Gobbo, Touchstone, Simple, Slender, Shallow, Speed, Dull, Costard, Caliban, Elbow, Lucio, Moth, Mouldy, Shadow, Feeble, Bull-calf and Wart, and lastly, as the curious procession must end somewhere, comes Launce, leading his interesting dog Crab.

Here we have presented to us a galaxy of fools such as is nowhere else to be found, and every shade of folly, imbecility and mental obtuseness is represented, and the portraiture of each as delineated by the bard, is well worthy of the cognomen bestowed.

First in the motley procession we see Bottom the weaver, the very embodiment and quintessence of self-conceit, and of everything, in short, necessary to constitute a perfect human ass. It was not sufficient for him to simply be "writ down an ass" in the record, like Dogberry, but the diadem which crowned him prince of all his tribe

must be placed in due form upon his head, and when first led in by Puck after his coronation, the poet must certainly have chuckled over his own workmanship, and said quietly to himself—"O, all ye tribes of human asses, that are, ever have been, or ever will be, behold your king ! from this time henceforth and forever, let no one of you deny my anointed." And to all posterity he seems yet to say, "Behold the perfection of conceited blockheads, the *asinorum asinalissimus, par excellence !* From henceforth and forever let no man dispute *my* workmanship. Doubt if you will that moonshine can be personated by a man holding a lantern behind a thorn bush ; that a lion can modulate his voice so sweetly that he shall roar you as 'twere any nightingale or sucking dove ; that a wall can be personated by a man plastered over with lime and rough cast,—but while Bottom, wearing his ass's head, can, by his conceit which makes all things possible, believe this, let no one deny that he is the crowned and anointed king of Donkeys."

And by what a court is this strange potentate surrounded, and worshipped !

First we see Peter Quince, the carpenter and playwright. If Bottom is prince of donkeys, Quince takes the first place of honor in his court and is prince of playwrights, and his title, like that of Bottom, cannot be disputed.

O ! all ye tribes of playwrights, wherever ye are ; ye Knowles's, and Shees, and Maturins ; ye Gillparzers, Klingemanns and Kotzebues ; many of you cunning men in your handicraft, behold your king, Peter Quince, the anointed of the poet ! And whosoever *he* anoints and crowns let none of you seek to depose.

And you, ye "periwig-pated players," who, whether amateur or professional, can "tear a passion to tatters," to very rags ; ye who are capable of nothing but inexplicable dumb show, and noise to "split the ears of the groundlings ;" who "strut and bellow, having neither the accent of Christians nor the gait of Christians, pagans or men,—products of nature's journeymen," those "meehanies who imitate nature so abominably," remember your great antecessors,

those histrionic mechanicals of the poet, Snug the joiner, Starvling the tailor, Flute the bellows mender, and Snout the tinker.

So extensive, varied and rich is Shakspeare in his illustrations of the almost endless forms of mental imbecility, that it would be impossible to give each more than a passing glance in this connection. He has taken his subjects for portraiture from all ranks and grades of life, high and low, rich and poor, and almost every trade, profession and calling has furnished him subjects, and having glanced at such as he has selected from his own calling, the histrionic, we pass on to take a view of his official imbeciles.

Of this class of mental impotents we hardly know which to select to head the list; whether Dogberry, Justice Shallow, or some other, as each seems to claim pre-eminence. With all due deference to others, however, we consider we shall not go far astray in selecting the first.

Dogberry is not so much an imaginary character as a type of a class of bungling judicial impotents to be found in real life, and through whose clumsy and cowardly imbecility many a thief has escaped the penitentiary, and many a murderer the gallows. The backwoods of Canada, and the outskirts of civilization in all new countries, furnish too many such. A justice of this kind who, by his cowardly and bungling imbecility, had allowed the chief of a trio of murderers to escape, we once saw in the witness-box at a court of Assize, held before one of the most learned and eloquent judges on the bench; and the answers to the questions put to him by his Lordship, would have done ample justice to Dogberry himself. "Is it possible," said the Judge, at the conclusion of his examination of the witness, "that *you* are a justice of the peace of this province?" "Yes, and I has been for more as fifteen years, your Lordship," was the reply. "God help the country," said the learned Judge, as he dismissed him contemptuously from the stand. Shakspeare, with a few vigorous touches of his never-failing pencil, has given us a full-length portrait of such a character as this in Dogberry. (See *Much Ado About Nothing*, Act III, Scene 3, and Act IV, Scene 2.)



Genius, it is said, is quick to detect genius, and the unerring certainty with which it selects its instruments has often been remarked. Stupidity, it would seem, is governed by the same local law. See how Dogberry selects his constable :—

*Dogberry.* “First, who think you the most desertless man to be constable ?”

1 *Watch.* “Hugh Oatcake, sir, or George Seaeoal ; for they can write and read.

*Dogberry.* \* \* \* “To be a well-favored man is the gift of fortune ; but to write and read comes by nature. \* \* \*

“Well, for your favor, sir, give God thanks, and make no boast of it ; and for your writing and reading, let that appear when there is no need for such vanity. You are thought here to be the most senseless and fit man for the constable of the watch ; therefore bear you the lantern. This is your charge. You shall comprehend all vagrom men ; you are to bid any man stand, in the prince’s name.

2 *Watch.* “How if ’a will not stand ?”

*Dogberry.* “Why, then, take no note of him, but let him go ; and presently call the rest of the watch together, and thank God you are rid of a knave. \* \* \*

“You shall also make no noise in the streets ; for, for the watch to babble and talk the streets, is most tolerable and not to be endured.

2 *Watch.* “We will rather sleep than talk ; we know what belongs to a watch.

*Dogberry.* “Why, you speak like an ancient and most quiet watchman ; for I can not see how sleeping should offend ; only, have a care that your bills are not stolen.—Well, you are to call at all the ale-houses, and bid those that are drunk get them to bed.

2 *Watch.* “How if they will not ?”

*Dogberry.* “Why, then, let them alone till they are sober ; if they make you not then the better answer, you may say, they are not the men you took them for. \* \* \*

“If you meet a thief, you may suspect him, by virtue of your office, to be no true man ; and, for such kind of men, the less you meddle or make with them, why, the more is for your honesty.

2 *Watch.* “If we know him to be a thief, shall we not lay hands on him ?”

*Dogberry.* “Truly, by your office you may ; but I think they that touch pitch will be defiled. The most peaceable way for you, if you do take a thief, is, to let him show himself what he is, and steal out of your company.”

The downright stupidity, ignorance and donkeyism, shown in

Act III, Scene 5, and the ludicrous misuse and misconception of terms peculiar to worthies of the Dogberry and Verges stamp, is rich in the extreme.

*Leonato.* "What is it, my good friends ?

*Dogberry.* "Goodman Verges, sir, speaks a little of this matter—an old man, sir, and his wits are not so blunt as, God help, I would desire they were ; but, in faith, honest as the skin between his brows.

*Verges.* "Yes, I thank God, I am as honest as any man living, that is an old man and no honestier than I.

*Dogberry.* "Comparisons are odorous ; *palabras*, neighbor Verges.

*Leonato.* "Neighbors, you are tedious.

"It pleases your worship to say so," says Dogberry, (evidently not comprehending the term tedious, but mistaking it for a commodity of value,) "but we are the poor duke's officers ; but, truly, for mine own part, if I were as tedious as a king, I could find in my heart to bestow it all on your worship.

*Leonato.* "All thy tediousness on me ! ha !

*Dogberry.* "Yes, and 'twere a thousand times more than 'tis ;" etc.

The following as a sample of driveling senile imbecility, can scarce be matched, and is from the mouth of Dogberry, where he speaks of Verges, and in which (quite oblivious, of course, as to his own stupidity) he patronizingly and with great self-satisfaction bewails the infirmities of his brother official.

*Dogberry.* "A good old man, sir ; he will be talking ; as they say, When the age is in, the wit is out ; God help us ! It is a world to see !—Well said, i'faith, neighbor Verges :—well, God's a good man ; and two men ride of a horse, one must ride behind. An honest soul, i'faith, sir ; by my troth, he is, as ever broke bread ; but God is to be worshipped. All men are not alike ; alas ! good neighbor !"

When Leonato reminds him that indeed his friend comes very far short of himself, what self-satisfaction and conceit is embodied in his short reply.

"Gifts," says he, "Gifts that God gives !" quite unconscious that *his* greatest gift is like that conferred on Bottom ; the gift of an ass's head.

But the climax of bungling imbecility, ignorant officiousness and

self-conceit, we have in Act IV, Scene 2, where Dogberry presides at the court of inquiry held over Conrade and Borachio; and the laughable record of proceedings, in which every thing is so curiously jumbled together—where every thing which is impertinent is carefully noted down, and every thing incident to the inquiry as carefully excluded, and where terms the most dissimilar are confounded—furnishes, in its way, a model of judicial procedure. The first blunder he makes is simply the confounding of himself and his brother official with the culprits to be examined before him :—

*Dogberry.* “Is our whole dissembly appeared? \* \* \*

*Sexton.* “Which be the malefactors?”

*Dogberry.* “Marry, that am I and my partner.

*Verges.* “Nay, that’s certain; we have the exhibition to examine.”

After duly recording the names of his prisoners, the first question he puts to them is certainly most pious and pertinent, considering the characters he is supposed to address :—

“Masters,” says he, “do you serve God?”

*Con. & Bora.* “Yes, sir, we hope.

*Dogberry.* “Write down—that they hope they serve God;—and write God first; for God defend but God should go before such villains!”

The idea soon strikes the sexton that the proceedings are somewhat informal, and that witnesses and proof were necessary.

*Sexton.* “Master constable, you go not in the way to examine; you must call forth the watch that are their accusers.”

Dogberry, whose dignity is hard to offend, and who is totally unsuspicious that any one should ever presume to question his knowledge and intelligence, seizes at once upon the suggestion, as though it was something of minor importance, however, that had escaped him in the most casual way. He says :—

*Dogberry.* “Yea, marry, that’s the fittest way.—Let the watch come forth.—Masters, I charge you, in the prince’s name, accuse these men.”

The first witness testifies that one of the prisoners called Don John a villain. Dogberry immediately orders Don John to be put down

a villain in the record, and pronounces the calling a man villain flat *perjury*. Another witness testifies that the other prisoner had declared that he received a thousand ducats from Don John for accusing a lady wrongfully. "Flat *burglary*," says Dogberry, "as ever was committed."

*Verges*. "Yea, by the mass, that it is. \* \* \*

*Dogberry*. "O villain! thou wilt be condemned into everlasting redemption for this."

The sexton suggests that the prisoners be bound and removed. Dogberry, acting upon the hint, immediately orders them to be "opinioned," when one of them, resisting, calls him a coxcomb. This does not seem greatly to disturb his equanimity. Perhaps, as usual, he does not fully comprehend the import of the word coxcomb; for he calls the prisoner simply a naughty varlet, and orders the sexton to write down the prince's officer a coxcomb in his extraordinary record of procedure. The other prisoner is more clear and explicit. The term he applies to Dogberry is by no means ambiguous. "You are an ass," says he, emphatically, and repeats it, "You are an ass." The term ass Dogberry has no difficulty in comprehending the import of; *that* is quite clear, and he immediately throws himself back upon his offended official dignity, and the terms in which he asserts this are most ludicrously characteristic:—

*Dogberry*. "Dost thou not suspect my place? Dost thou not suspect my years?—O that he were here to write me down an ass!—But, masters, remember that I am an ass; though it be not written down, yet forget not that I am an ass.—No, thou villain, thou art full of piety, as shall be proved on thee by good witnesses. I am a wise fellow; and, which is more, an officer; and, which is more, an householder; and, which is more, as pretty a picce of flesh as any in Messina; and one that knows the law, go to; and a rich fellow enough, go to; and a fellow that hath had leases; and one that hath two gowns, and every thing handsome about him.—Bring him away. O that I had been writ down—an ass!"

Another official of the Dogberry stamp we have in constable Elbow, in *Measure for Measure*. As with Dogberry, much of the humor of this character rests upon his ridiculous misuse and misconception of the most common terms.

*Elbow.* "If it please your honor, I am the poor duke's constable, and my name is Elbow. I do lean upon justice, sir, and do bring in here before your honor two notorious benefactors.

*Angelo.* "Benefactors? Well, what benefactors are they? are they not malefactors?"

The meek simplicity of the reply, and the donkey-like unconsciousness with which he contradicts himself, is worthy of the most accomplished of our poet's long-eared officials.

*Elbow.* "If it please your honor, I know not what they are: but precise villains they are, that I am sure of; and void of all profanation in the world, that good Christians ought to have."

A little farther on he makes other most ludicrous blunders in the use of the king's English; which blunders aided by the humour of the clown, are nearly calling in question the character of his own wife. When Elbow is asked by Escalus by what authority he gives the clown and his employer, mistress Over-done, such an infamous character, he replies:

"My wife, sir, whom I detest (protest) before heaven," &c. \* \*  
 "I say, sir, I will detest myself, also, as well as she, that this house, if it be not a bawd's house, it is a pity of her life, for it is a naughty house." \* \* \*

"First and it like you, the house is a respected (suspected) house; next, this a respected fellow; and his mistress is a respected woman.

*Clown.* "By this hand, sir, his wife is a more respected person than any of us all.

*Elbow.* "Varlet thou liest; thou liest, wicked varlet; the time is yet to come, when she was ever respected with man, woman, or child.

*Clown.* "Sir, she was respected with him, before he married with her.

*Elbow.* "O thou caitiff! O thou varlet! O thou wicked Hannibal! I respected with her before I was married to her! If ever I was respected with her, or she with me, let not your worship think me the poor duke's official;—Prove this, thou wicked Hannibal, or I'll have my action of battery on thee."

This whole scene in *Measure for Measure*, (Act II, Scene 2,) is exceeding rich in illustration of our subject. The amusing circumlocution of the clown in telling his story in defence from the charge brought against him by Elbow, is exceedingly characteristic, but as

we propose to return to him in treating of this class of characters in subsequent papers, we pass him by for the present.

The next worthy we select from our list of imbeciles, is Shallow, or, as he designates himself and is described by his scarcely less interesting cousin Slender, Robert Shallow, Esquire, in the county of Gloster, justice of the peace and *coram*, and *custalorum*, and *ratolorum*, a gentleman born, who writes himself *armigero* in all warrants, obligations, &c., and has done so any time these three hundred years, as all his successors gone before him have done, and all his ancestors that come after him may do, as with other worthies of his class in real life, who have "a plentiful lack of wit," a plentiful supply of titles and cheap honors is necessary to complete their personality. If nature is sometimes niggardly in her gifts, fortune steps in to make in her way ample restitution, and a "plentiful lack" of brains is compensated by a plentiful supply of bonds, and the lack of wit and wisdom by "land and beeves." Among worthies of this class, Robert Shallow, Esquire, of Gloster, holds an eminently respectable, if not honorable position; and though his antecessors, as given by Falstaff, are not the most flattering, as we shall see, this matters little. Like other "respectables," he is only under the necessity of remembering such as are suited to his present circumstances and condition in life.

Shallow, like a true scion of a genuine English family of parvenues, has gone through the forms necessary to a liberal education. He has shown above that he has some Latin, and when Bardolph tells him that the soldier Falstaff is better accommodated than with a wife, he adds, after a little circumlocution: "Accommodated, that comes of *accommodo*; very good, a good phrase." What little Latin he has, he is ready to display upon every convenient, and sometimes inconvenient occasion, like all superficiais. Like his cousin William, he may have been at Oxford to the great "cost" of some one, bringing home with him, as the natural fruit of this "cost," a cherished and ever abiding remembrance of his wildness and folly. "I was once," says he, "at Clement's Inn, where I think they will talk of mad Shallow yet."



How very natural is the boasting which follows ! It might have come from the mouth of any one " of all the kind " of the Shallows, as well as from Robert Shallow, Esquire, of Gloster :—

" By the mass, I was called anything ; and I would have done anything, indeed, and roundly too. There was I, and little John Doit, of Staffordshire, and black George Bare, and Francis Pickbone, and Will Squele, a Cotswold man,—you had not four such swinge-bucklers in all the inns of court, again ; and I may say to you, we knew where all the bona-robas were, and had the best of them all at commandment."

The crouching obsequiousness and lack of dignified self-respect in their intercourse with superiors in rank and station in life, so characteristic of all the family of the Shallows, wherever found, (and every one must have met some of them in the journey of life,) is admirably delineated in the scene where he bores Falstaff with his vain, officious and bustling hospitality ; a hospitality based entirely upon vanity, and a desire to show off his own importance, and to " have a friend at court."

*Shallow.* " Nay, you shall see mine orchard, where in an arbour, you will eat a last year's pippin of mine own grafting, and a dish of earraways, and so forth."

The silly affectation of his reply to the knight's compliment to his rich dwelling is also quite characteristic : " Barren, barren, barren ; beggars all, beggars all, sir John !"

Notwithstanding this affectation of poverty and beggary, it is plain to all, and to none more so than Falstaff, that the Shallows are a thriving family. If he is an adept in finesse, Shallow is infinitely his superior in finance and domestic economy ; shrewdness in these matters, is, as a rule, quite characteristic of the Shallows, wherever they are found. Indeed, the most wordly thoughts are apt to creep in and disturb their most solemn musing ; sometimes it is to be feared, their very devotions. When Silence reminds Shallow of the uncertainty of life, he replies :

" Certain, 'tis certain, very sure, very sure ; death, as the Psalmist saith, is certain to all ; all must die. How a good yoke of bullocks at Stamford fair ?"

Even in the midst of his excitement at the arrival of the "man-of-war" and his suite, and his bustling endeavors to entertain them suitably to his own dignity, and their importance as coming from the court, he can stop to give directions in matters of business and domestic economy to his man Davy :—

"Marry, sir, thus ;—those precepts can not be served : and, again, sir,—Shall we sow the headland with wheat ?

*Shallow.* "With red wheat, Davy ? \* \* \*

*Davy.* "Yes, sir.—Here is now the smith's note for shoeing, and plough-irons.

*Shallow.* "Let it be cast, and paid.—Sir John, you shall not be excused.

*Davy.* "Now, sir, a new link to the bucket must needs be had.—And, sir, do you mean to stop any of William's wages, about the sack he lost the other day at Hincley fair ?

*Shallow.* "He shall answer it," &c.

How descriptive is all this of a class of characters to be met with every day ; they are fools, and acknowledged to be such by the world, yet in money transactions and matters of domestic economy they are "wise as serpents." And yet in these matters of finance and economy their serpent wisdom is sometimes no match for the hawk-eyed vigilance and shrewd wit of some spendthrift, who, taking them in an unguarded moment, and understanding well their weak points, by a stroke of policy relieves them in a moment of the hard earnings and niggardly savings of years, as Falstaff relieved Justice Shallow of his thousand pounds.

Who is there that has not met some one or more of this family of Shallows ? It is a known fact in psychology that a man may be "stark mad" on one or two subjects, and to all appearances quite sound on others. Upon precisely the same psychological principles we may suppose that a man may be wise on some one or two subjects, and in the sense in which the term is applied to Shallow, a fool on all others. Indeed our experience and observation of life teach us that it is so.

Another characteristic of the Shallows is admirably illustrated in Act V, Scene 1, viz., their manner of dealing with domestics and dependents. Towards the weak, like William who lost the sack,

they are overbearing and cruel, while unconsciously to themselves they are completely ruled and led captive by those who are cunning, and strong of will and purpose, like Davy, who in reality is the justice in all but name, and on such familiar terms with his nominal master that he presumes to dictate the manner in which he is to dispense his judical favors.

*Davy.* "I beseech you, sir, to countenance William Visor of Wincot, against Clement Perkes of the hill.

*Shallow.* "There are many complaints, Davy, against that Visor; that Visor is an arrant knave, on my knowledge.

*Davy.* "I grant your worship that he is a knave, sir; but yet, Heaven forbid, sir, but a knave should have some countenance at his friend's request. An honest man, sir, is able to speak for himself, when a knave is not. I have served your worship truly, sir, these eight years; and if I can not once or twice in a quarter bear out a knave against an honest man, I have but a very little credit with your worship. The knave is mine honest friend, sir; therefore, I beseech your worship, let him be countenanced.

*Shallow.* "Go to; I say, he shall have no wrong," &c.

But for a climax to every description of the character of Justice Shallow we must resort to Falstaff. It would be impertinent to look for such elsewhere. The fat knight, whose brain was by nature as plethoric of wit and wordly wisdom as was the rest of his huge body of eapons, sack and sugars, measures at once the mental calibre of the lean justice, and the depth of his purse, and shapes his course accordingly. "I do see the bottom of Justice Shallow," says he; and if he had never told a greater lie, or made a more unreasonable boast, he would never have been Jack Falstaff. But let us come at once to his descriptive climax of Justice Shallow:

"If I were sawed into quantities, I should make four dozen such bearded hermit's-staves as master Shallow. It is a wonderful thing to see the semblable coherence of his men's spirits and his; they, by observing of him, do bear themselves like foolish justices; he, by conversing with them, is turned in a justice-like serving man; their spirits are so married in conjunction with the participation of society, that they flock together in consent, like so many wild geese. If I had a suit to master Shallow, I would humour his men, with the imputation of being near their master; if to his men, I would curry with master Shallow, that no man could better command his servants. It is certain that either wise bearing or ignorant carriage, is

caught as men take diseases, one of an other ; therefore, let men take heed of their company. I will devise matter out of this Shallow, to keep prince Harry in continual laughter, the wearing out of six fashions, (which is four terns, or two actions,) and he shall laugh without *intervallums*. O, it is much, that a lie with a slight oath, and a jest with a sad brow, will do with a fellow that never had the ache in his shoulders. \* \* \*

"Lord, lord, how subject we old men are to this vice of lying. This same starved justice has done nothing but prate to me of the wildness of his youth, and the feats he hath done about Turnbull street ; and every third word a lie, duer paid to the hearer than the Turk's tribute. I do remember him at Clement's inn, like a man made after supper of a cheese-paring ; when he was naked he was for all the world like a forked radish, with a head fantastically carved on it with a knife ; he was the very genius of famine, yet lecherous as a monkey. \* \* \* He came ever in the rearward of the fashion, and sung those tunes to the over-scutehed huswives that he heard the earmen whistle, and sware they were his faneies, or his good nights. And now is this Vice's dagger become a squire ; and talks as familiarly of John of Gaunt as if he had been sworn brother to him ; and I'll be sworn he never saw him but once in the Tilt-yard ; and then he burst his head for crowding among the marshal's men. I saw it, and told John of Gaunt, he beat his own name ; for you might have thrust him and all his apparel into an eel-skin ; the case of a treble hautboy was a mansion for him, a court ; and now hath he land and beeves. Well, I will be acquainted with him, if I return ; and it shall go hard but I will make him a philosopher's two stones to me. If the young dace be a bait for the old pike, I see no reason in nature but I may snap at him. Let time shape, and then an end."

We have barely entered upon the list of the poet's imbeciles, and yet we are at the end of our space, and hope upon a future occasion to return to this highly interesting as well as amusing class of characters.

To the psychologist, every shade of mental manifestation, whether high or low, strong or weak, normal or abnormal, is alike interesting and worthy of careful observation.

AN EXAMINATION OF THE OBJECTIONS TO THE DOCTRINE OF MORAL INSANITY. By DR. RAY, Superintendent of the Butler Hospital.

INSANITY, in the popular apprehension, is manifested under two different forms; one of them characterized by incoherence, noise, violence, or what is denominated raving; the other by delusions more or less circumscribed, accompanied with tranquillity and some degree of reason. Until within a period comparatively recent, no other form of insanity was recognized even by medical men, every other mental disorder not obviously embraced in one or the other of these, being regarded, perhaps, as hypochondria, or hysteria, eccentricity or malice prepense—any thing, in short, rather than proper insanity. In the progress of science, the effect of which always is to reveal analogies and distinctions where none were supposed to exist before, it began to be suspected that, besides the mental affections referrible to the two general forms above mentioned, there are others depending on the same essential conditions, and therefore to be regarded as manifestations of genuine insanity. Soon after the disease began to be studied by the methods and in the spirit of modern science, the fact was observed that many of the inmates of hospitals for the insane exhibit no obvious intellectual aberration or impairment. Pinel, who entered upon his labors in this department of the healing art with the current notions of the time, was much surprised, he says, to find many patients in the Bicêtre who presented no lesion of the understanding, but seemed to be under the dominion of an instinct of fury, as if the affective faculties alone were disordered. Farther observations by others once put on the track of discovery, made known the existence of still other forms of moral or affective disorder unconnected with lesion of the understanding, and thus at last it became the prevailing belief among men of distinguished name in this department of medical science, that the moral faculties may be deranged while the intellectual remain apparently in their normal

condition. Of late years a dissentient voice has occasionally been heard from the bench, the bar, the medical profession at large, and even those who may claim some special knowledge of insanity and the insane. In regard to what might seem to be a plain statement of fact easily proved or disproved by actual observation, it is a little surprising that there should be any room for difference of opinion among men who have had abundant opportunities for observing the disease. Such, however, is the fact. Some of those most capable, it might be supposed, of appreciating the labors of Pinel, Esquirol, Marc, Georget, Combe, Conolly, Prichard, Winslow, Bucknill and Guislain, do not hesitate to hold up these men as believers in a doctrine destitute of foundation and dangerous to society.

If this were a matter of scientific curiosity merely, it might be very properly left to the ordinary progress of knowledge, which finally sets at rest all questions of fact; but its practical consequences to life, liberty and property, require that it should be settled speedily. Unanimity about any thing is hardly to be expected, but diversity of opinion on a point like this, is calculated to work much mischief, besides degrading the dignity of the professional character. I see not how we can claim consideration for any of our views, so long as we contradict one another in regard to some of the most common phenomena of insanity. I propose, therefore, to examine, with some particularity, the principal objections against the doctrine of moral insanity, and among them some that derive their importance more from the position of those who offer them, than from any foundation they may have in actual fact.

That an abnormal condition of the moral powers is a frequent effect of insanity, is now one of those well-settled facts that nobody thinks of questioning. It may be a simple perversion of some sentiment or propensity, or a morbid irritability of the affective powers, under certain causes of excitement. It may be a loss of those fine sensibilities which make the family relations a source of active interest and self-sacrifice, or a feeling of hatred and hostility as bitter as it is unfounded. It may consist of some moral obliquity which is limited to a narrow range of persons or things, or it may produce a



complete inversion of all the ordinary relations of good and evil. It may be hardly discernible under the greater prominence of the intellectual disorder, or it may be the most conspicuous element of the mental disturbance. In short, there is no possible combination of moral and intellectual disorder which may not exist in some actual case of insanity.

Thus far there is no diversity of opinion. So much may be considered as settled. *We* advance one step farther, and affirm that, for any thing that can be discovered to the contrary, the moral disorder may sometimes exist unaccompanied by intellectual disorder; and in proof thereof we produce a multitude of cases exhibiting this condition. Here our opponents join issue with us, and endeavor to maintain their position, not by means of cases, of course, for those could hardly prove a negative, but by metaphysical arguments, by objections to the fidelity of the observations, by appeals to startling consequences, and, too often for the credit of their cause, by sneers and jibes. We are called visionary and crochety, and the prejudices of all those worthy people who cling to the past solely because it is old, are invoked against us for wishing to pull down all the time-honored barriers against crime and immorality. We are even treated with a sort of lordly contempt, as too dull to understand the facts which we see, and as scarcely worthy to be heard in the great forum of scientific inquiry. A large preponderance of numbers and of distinguished names might afford some color of excuse for such lofty airs, but assumed as they are by a small and feeble band, they remind us of the famous sarcasm of Burke, about "half a dozen grasshoppers under a fern, making the field ring with their importunate chink, whilst thousands of great cattle repose beneath the shadow of the British oak, chew the cud, and are silent." But it is with their objections only that we are concerned, and these I shall consider without reference to their authors, except where some particular circumstance may seem to require it.

In the first place, it is declared by our opponents that the mental obliquities which constitute moral insanity may be controlled by the intellect so long as it remains unimpaired, and therefore that the in-

dividual can claim no exemption from the ordinary measure of responsibility for his acts. This assertion—and it is nothing but assertion—it will be observed, is a sort of begging of the question, and therefore it will be sufficient to reaffirm the position we hold on this point. So long as the moral sentiments remain in their normal condition, the power to control their manifestations is fully admitted. When, however, they become diseased, the normal relation between them and the intellect is destroyed, and the latter is unable to perform its rightful office. Its power is not diminished, but that of the moral sentiments is inordinately increased by the intrusion of a foreign element. It is a matter of relative, not absolute power, and it is immaterial whether the derangement of the ordinary relation is in the one or the other. The force of these morbid impulses cannot be resisted, because it is greater than that which the intellect was designed, in the normal constitution of things, to control. The fact is no more anomalous than that of the marvellous development of muscular power in high maniacal excitement which defies all ordinary means of restraint. It seems hardly necessary to prove to one who has taken the first lesson in psychology, whether normal or abnormal, that the affective and intellectual powers work together, each in its proper sphere, in determining the thoughts, feelings and movements of the individual, and that the absence of one or other would produce an imperfect and disjointed result. It is but a plain corollary of this position, that a morbid condition of one or the other, must produce a similar effect. In many of the cases where the person is impelled by an irresistible impulse to commit some criminal act, it is stated that the feeling was contemplated with horror, and successfully resisted, until at last, having steadily increased its strength, it bore down all opposition. And why this deplorable result? Not because the intellect sees the act in a different light, and willingly gratifies the desire of the heart, but because the control which it exercises in the healthy condition over the affective movements is completely overborne by the superior energy derived from disease. To see any matter of blame in such a process is quite beyond our ability. If it possesses any moral quality whatever it is that of com-

mendable perseverance in resisting so long. The principle implied in this objection has also been adopted in respect to the effect of intellectual derangement on responsibility. The judges of England, in defining the law of insanity, declare that delusion does not necessarily annul criminal responsibility, and their practice has often been determined by their definition. What if a neighbor has actually injured you, they virtually say, slandered your good name, and otherwise destroyed your peace, the same or a worse thing has happened to others, and you have no more right than they to take the law into your own hands. The only fault of this remarkable legie is that the insane are quite unable to perceive its force, and persist in the wicked idea that they are a law unto themselves.

Others endeavor to reconcile the absence of intellectual derangement with the irresponsibility which they are willing to admit, by the hypothesis that in the moment of the commission of the criminal act—in the height of the *raptus maniacus*—the intellect is practically obliterated, though immediately before and after it seemed to manifest its usual consciousness and power. We might admit the fact without abandoning in the slightest degree the doctrine of moral insanity. The point here made seems to be, at best, but a metaphysical subtlety, and the doctrine implied in it one of no very recent origin. In the trial of Hadfield, it being admitted that the prisoner was insane immediately before and after the attempted homicide, Lord Kenyon declared that “were they to run into nicety, proof might be demanded of his insanity at the precise moment when the act was committed.” It does not appear that any attempt was made to turn the objection to practical account. The exact condition of the intellect, in these cases, at the moment of the criminal act, is something utterly beyond our reach, and unnecessary in fact, for any judicial purpose. A disease is known to exist—a morbid impulse to commit some crime. The patient is conscious of its existence, knows it is wrong, and resists its gratification. At last all resistance is overcome, and the deed is done. Certainly, it is more consistent with all our knowledge of diseased action to suppose that the morbid condition which is admitted to exist went on increasing in intensity, until it pass-

ed beyond the control of the intellect, than that just at this point another morbid condition suddenly appeared and as suddenly disappeared. The general principle derived from this view of the matter is, that, although moral insanity has a real existence as a form of disease, yet it can never become the parent of crime. With this practical *reductio ad absurdum* we will leave a doctrine which has detained us too long.

Others avoid these difficulties altogether by recognizing no form of insanity exclusively moral. In the cases alleged to be such they contend that there is more or less intellectual disorder, though we fail to discover it. It does not appear whether this doctrine is founded on the possible fact that, in their superior sagacity, they have always detected intellectual disorder in cases usually referred to this form of disease; or on the hypothesis conveniently assumed for the purpose, that insanity necessarily implies intellectual aberration, and therefore cannot be predicated of any mental disorder of which such aberration is not an active element. However this may be, the general doctrine is, that, in the absence of the intellectual element, the moral obliquity must be regarded as a matter of vice or unbridled passion. It would seem as if the authority on which such cases are reported, should protect them from the charge of having been imperfectly observed. We should be slow to believe that the men whose names have been already mentioned, were such incompetent observers as to overlook entirely an element of disease easily detected by men of less illustrious names. Of course, wisdom is not confined to the great. Many an humble explorer of nature's secrets, patient of labor, modest in his pretensions, despising not the light which others have shed on his path, has been rewarded with results that had escaped more distinguished observers. Is it among such that we are to include the marvellous discovery that moral insanity is a myth or a blunder? That question may be answered in a very few words. That cases very like these have been observed where the element of intellectual disorder was obvious, nobody doubts. They only mark the transition-point between two different forms of insanity, and establish their close relationship. It is precisely what we

might expect. Nature makes no dividing lines between classes and orders. They touch one another at numerous points, and thus reveal their close affinity. These cases show merely that however much the traits of moral disorder may overshadow every other, a careful examination will sometimes detect indications of intellectual disturbance, and thus illustrate the propositions with which we started. It must be borne in mind too that this form of disease, like every other, is variable, and that cases which are purely moral in one stage of their progress, may subsequently become complicated with aberration of the intellect. Nothing can demonstrate more forcibly the correctness of our views than the frequency of this fact; and the inference is irresistible, that cases which end in unequivocal insanity cannot, at an earlier stage of their progress, have been merely specimens of moral depravity.

Another class of our opponents contend that in the so-called cases of moral insanity, there is no insanity at all, either moral or intellectual. What is regarded as such is nothing more nor less than depravity, for which the individual is accountable. For how are we to distinguish, they say, between the moral disorder which is the effect of disease, and that which is the natural result of bad education, vicious associates and evil habits. If every trait of alleged moral insanity may be paralleled by one of unquestionable depravity, where are we to look for the element of insanity when it cannot be found in the intellect? Many of those who talk thus have no difficulty in meeting a similar objection when offered to the admission of some forms of intellectual disorder. The sayings and doings of many an insane man might be paralleled, *seriatim*, by those of persons whose sanity has never been questioned. Every day lawyers avail themselves of this fact to stultify some luckless expert who gives the grounds of his belief in some one's insanity. "Do you believe, Sir, that every person who says or does such a thing is insane?" "Certainly not." "Or a certain other thing?" "Certainly not." And so the whole catalogue of particulars by which the mental disease was manifested, is exhausted, and the party is shown not to have been insane at all. A sort of logic—in the vernacular of the day,



called a dodge—very pardonable in a lawyer who knows no higher forensic merit than that of cunning, could hardly have been expected from a scientific man discussing a question of science ; and least of all from one who has any practical knowledge of mental disease.

The existence of insanity in any form is not always proved by the presence of any particular symptom, or even group of symptoms, but rather by changes of mind or character, which can be explained on no other hypothesis than that of disease. In other words, the party must be compared with himself, not with any imaginary standard of sanity or insanity. “It is the prolonged departure, without any adequate external cause,” says Dr. Combe, “from the state of feeling and modes of thinking usual to the individual when in health, that is the true feature of disorder of mind.” The soundness of this rule has never been impugned in court or out. In any alleged case of moral insanity, let the party be compared with himself. If it should appear that, though naturally mild and patient, respectful and courteous, upright and benevolent, kind and affectionate, the person had become restless and passionate, rude and boisterous, unscrupulous and unprincipled, tyrannical and cruel ; and that this remarkable change had been rather suddenly effected, and apparently by none of the ordinary causes which affect men’s characters, it is a fair, it is an inevitable conclusion, that the person in question is insane. If these changes of character have occurred more than once, the patient in the intervals exhibiting his normal disposition, then not a shadow of doubt can exist. Where the moral disorder is limited to a single trait, as in homicidal monomania, kleptomania, pyromania, &c., the diagnosis is, no doubt, more difficult, but it is seldom beyond our reach, under an exhaustive investigation. Murder, for instance, is sometimes committed in the most brutal and motiveless style by men who are unquestionably acting under no other influence than the bent of their nature or their manners. Shall we compare with these the tender mother who calls for her new-born babe and severs its head from its body, or the exemplary father and husband who feels impelled by an irresistible power to sacrifice his wife and children, up to that moment dearer to him than his own



existence? Shall we compare with the practised thief or pickpocket, one who, towards the end of a life of honesty and every Christian virtue, purloins at every opportunity articles of little or no value? Shall we compare the midnight incendiary governed by some motive of malice or interest, with the poor girl who, in consequence of abnormal cerebral action induced by other bodily ailments, is borne on, in spite of every good resolution, to burn down the very roof which affords shelter to herself and those she holds most dear? These are not imaginary cases. They have been actually witnessed, and the books abound with similar ones. True, cases of a disputable character sometimes occur—cases in which we may well doubt whether the active principle is depravity or disease. I have no wish to conceal any difficulty which this subject may present. Science is full of difficulties, and the pleasure and dignity of its pursuit consist mainly in triumphing over these difficulties. The apparent identity of these cases is no reason why we should utterly ignore those where no doubt of essential difference can exist. Nobody asks us to drop the usual distinction between melancholia and dementia, between hypochondria and mania, because we occasionally meet with cases that cannot be unhesitatingly referred to either of these forms of mental disease. In fact, the argument is equally valid against any and every attempted distinction between any conditions or objects having some properties in common. It indicates no remarkable advance in knowledge, if with all the opportunities which modern science and philanthropy have placed before us, we are unable in a considerable number of cases, to distinguish those traits of character that result from vicious desires from such as are produced by the action of disease. At any rate, every principle of justice, every emotion of humanity, impels us to treat these cases with a sort of philosophic impartiality, and give them a careful and dispassionate examination.

If the difficulty of distinguishing between moral depravity and moral insanity is a sufficient reason for ignoring the latter altogether, the argument would be equally strong against admitting any kind of insanity in defence of crime. Was there ever a case on trial entire-

ly free from doubt ? Was a case ever tried in which the prosecution did not contend that the sayings, doings, looks, demeanor, alleged to be indications of insanity, were compatible with mental health and soundness ? McNaughton, who killed the secretary of Sir Robert Peel, and was acquitted on the ground of insanity, talked and acted for the most part like any sane man ; and the notion which led him to commit the act might not, in the nature of things, have been necessarily false, or such as no sane man could possibly entertain. So, in fact, the English public believed, and fierce was the storm of indignation which his acquittal excited. But do we any the less believe that McNaughton was insane to such a degree as to be irresponsible for his acts ? We might go through the whole catalogue of *causes célèbres* in which the plea of insanity has been successfully used during the present century, and observe, in every one, a similar state of facts,—notions which were the veritable offspring of insanity—mental qualities and operations indicative of a rational mind—doubt and defiant distrust on the part of the public. It seems to be forgotten that men whose insanity is apparent to the world are never put upon trial. It is precisely because there is room for doubt that the case is tried—that the evidence for and against may be heard and considered. True, a mistake may be made, and a criminal may escape unjustly the punishment of his crimes. Are we prepared to say, on this account, that insanity ought never to be admitted in excuse for crime ? There are those in the community, no doubt, who think so, if they do not say so very plainly ; but shall we who, year after year, have been studying the various phases of mental disease, endorse this opinion ? Are we ready to stultify ourselves by acknowledging that our studies have been fruitless for any practical purpose ?

That form of moral insanity which consists of an irresistible impulse to commit crime of some kind, has been viewed with less favor than any other. Courts, especially, have set their faces against it, and on one occasion an English judge declared from the bench, that if a man picked a pocket from some uncontrollable impulse, the law

would have an uncontrollable impulse to punish him for it.\* This very humane and enlightened construction of the law met with a general approval, no doubt, among the cultivated classes; and the fact shows how limited has been the reach of our boasted advances in psychological science. People are completely mystified by the idea that an impulse to commit crime can ever be a sufficient excuse for its commission. All men, they say, sane as well as insane, are subject to impulses to gratify some desire or appetite; and it is their duty, and—while the intellect is unimpaired—it is within their power, to restrain these impulses when their gratification would be wrong or unlawful. The intellectual powers were given us for the purpose, in part, of holding in check the appetites and passions, and it is preposterous to claim exemption from the punishment due to criminal indulgence, for no better reason than that the individual could not help doing something he was exceedingly desirous of doing. It is going quite far enough to regard any and every form of intellectual derangement as a sufficient excuse for crime, but when it is proposed to extend this immunity to persons intellectually sound, then the foundations of social order are shaken. This may pass for very sound reasoning with those who are ready to mistake the language of ignorance and prejudice, for that of intelligent and dispassionate inquiry. It ignores an essential fact, and therefore is utterly fallacious. And yet the conditions of the question are very simple, and would seem to be within the grasp of the humblest capacity. In the normal condition of the mind—including both its moral and intellectual elements—the individual is responsible for its impulses. In the abnormal condition—whether the effect be in the moral or intellectual element—this responsibility is supposed to be annulled. We are responsible, in morals if not in law, according to our capacity; and if this is affected by the intrusion of disease, it is immaterial, as to the moral quality of the result, whether the affection is moral or intellectual. The existence of disease—of abnormal action—is the essential thing; and that it can and does so affect the moral

\* Baron Alderson, in the trial of Robert Pate, (1850.)

powers of our nature as to impel one irresistibly to the commission of crime, the intellect, in the mean time, being perfectly conscious of and abhorring the act, is a fact too often witnessed to be denied. This relation of independence between the two elements is not unfrequently observed in other forms of insanity. Patients with considerable delusions may recognize, and perhaps deplore, the mischief which they commit. They admit that, in striking or tearing others, in stealing or destroying property, they did what they knew to be wrong and contrary to rule. How often do we see a suicidal patient admitting that his attempts upon his life were wrong in the sight of God and man, that he ought not to have made them, but something urged him on, that he is glad they proved unsuccessful, and yet on the next opportunity renewing them again. Do we regard such a person, when he succeeds, as a felon, confiscate his property, and bury his body at a road-crossing? Our ancestors did this, but we, more properly, distinguishing clearly the moral from the intellectual elements of our nature, regard him as the victim of disease, and place him in a hospital. It ought not, therefore, to be considered as an anomalous fact, that they whose intellect is not obviously disturbed should be conscious of and deplore the true moral quality of their criminal acts, without being able to refrain from committing them. These, then, are the facts of our case, and no objection to the doctrine can be valid which ignores any one of them. In this doctrine of irresistible impulse, we see nothing inconsistent with our knowledge of mental disease, or opposed to any true philosophy of the human mind. Dr. Bucknill dislikes the nomenclature. He thinks the terms, *irresistible impulse*, *uncontrollable impulse*, do not convey an exact idea of the mental movement in question, and that, until our knowledge of the subject is more satisfactory, we had better dispense with a name altogether. A name, however, it must have, on account of its practical importance, and this probably expresses as correctly as any other possibly could, a mental phenomenon which, though apprehended alike in all essential particulars, may, in other respects, be somewhat differently considered by men of different habits of mind. Mental phenomena never have been

and never will be designated with the same sort of exactness as those of the material world, but the fact has never been regarded by psychologists as a reason for abstaining from the use of names.

It may be remarked in passing that equal objection has been made against the term *moral* insanity, and, in my opinion, with as little reason. This form of disease is supposed to be confined to the moral faculties, as others are to the intellectual, and, therefore, upon the ordinary principles of nomenclature, it is very properly called moral insanity. *Emotional*, or *affective*, might signify the same thing, but I am not sure that they would be more acceptable to our opponents. At any rate, until they furnish us with a better, we must, of necessity, keep the present. Others think that, somehow, the dignity of the profession is compromised by the term; that it provokes the censure and sneers of the world, and defeats the very object we have in view. I am unable to see how the honest results of a scientific investigation can be detrimental to the cause of truth and justice. Of such is really the effect in the present case, it is attributable rather to the thing than the name, and, of course, would not be changed by any modification of the latter. Names, unquestionably, are often more potent than things, but we might bring ample proof, were it worth our while, that such is not the case here.

Others who believe in the thing, and do not strongly object to the name, advise medical witnesses to abstain from its use in courts of justice. "If," say they, "an acknowledged expert will but testify, after a due and sufficient examination of the case of an alleged criminal, that he is *insane*, it matters not whether the insanity manifests itself through the intellectual or through the moral faculties; it is still insanity in the eye of the law, and is entitled to the privileges and immunities of insanity, without splitting hairs between north and northwest side to define the difference of one shade of insanity from another. \* \* \* For all legal purposes, then, it seems idle to suffer the special defence of *moral* insanity."\* The giver of this sage advice speaks, no doubt, in all the freshness of ingenuous

\* AMERICAN JOURNAL OF INSANITY. XIV, 319.

innocence; but he was evidently never on the witness-stand. Had he ever experienced one of those inquisitorial performances to which any third-rate, county-court lawyer is allowed to subject a medical witness, whose testimony has damaged the cause of his client, he would have discovered that it was not quite optional with him what he might declare and what he might withhold. No great stretch of ingenuity, nor lack of courtesy, would be required to get from him the obnoxious word, in spite of his good resolves to abstain from "splitting hairs betwixt north and northwest side." The process may be easily imagined, as, for instance, in the following scene:—

*Lawyer.* You believe that the prisoner was insane at that time.

*Witness.* I do.

*L.* What kind of insanity do you call it?

*W.* I beg your pardon, but I do not trouble myself with "splitting hairs," &c. It is enough for me and for you to know that he was *insane*.

*L.* Perhaps so, but nevertheless, please state for the information of the court and jury, whether some of the best writers on insanity do not divide it into several classes and orders?

*W.* They do.

*L.* Esquirol is high authority, is he not?

*W.* He certainly is.

*L.* What is his classification? You are, no doubt, familiar with it.

*W.* He makes five classes,—Lypemania, Monomania, Mania, Dementia, and Idiocy or Imbecility.

*L.* To which of these classes, do you apprehend, does the present case belong?

*W.* Mania.

*L.* Is not mania divided sometimes into intellectual and moral, according as it is confined to the intellectual or moral faculties?

*W.* It is.

*L.* Do you recognize the correctness of the distinction?

*W.* I do, but I protest against the name, *moral insanity*.

*L.* Very well. Since you admit the thing itself, we will not



quarrel about the name it goes by. I choose to call it moral insanity. You may call it what you please, so long as you mean the same thing.

There is a class of objections to which I shall merely advert, for more than this would scarcely be allowed by a proper respect for the dignity of the scientific character. It is mortifying to our professional pride to see men who ought to consider themselves as the ministers and interpreters of nature, rejoicing in their glorious office and receiving her revelations in a glad and teachable spirit, on the contrary, turning away from them with a feeling of scorn because they conflict with some preconceived notions of their own. There is brought to their notice an order of facts both numerous and well-authenticated, exhibiting a common incident or quality of a highly important character. But it affords no satisfaction to them. They do not ask if the facts are true, if the conclusions are legitimately drawn. They care for none of these things. It is enough for them that, in their opinion, the tendency is bad, and upon their short-sighted views of the moral consequences of a scientific conclusion, they presume to decide whether it is true or false. A course so unworthy of the true scientific inquirer, so completely at variance with every principle of sound philosophizing, requires no formal examination. Our opponents are welcome to all the advantage which it may give them; and it has some effect, no doubt, upon all that description of men whose jealousy of medical science is equaled only by their ignorance of the manner and spirit in which it has been pursued. A single passage, in illustration of my meaning, will be sufficient for the present purpose.

"The general tendency of the doctrine of moral insanity is bad, whatever show or real feeling of humanity there may be in it. It is bad in a religious view, because it tempts men to indulge their strongest passions, under the false impression that God has so constituted them that their passions are not generally governable by their will or their reason, and that, therefore, there is no punishable guilt in indulging them." (*AMERICAN JOURNAL OF INSANITY*, XIV, 321.)

It seems to be a matter of complaint among our opponents, that

we do not hesitate, in the absence of other proof, to infer the existence of mental disease solely from the character of the particular act in question. *Their* idea is that we are bound first to prove the existence of the disease, and then—and not before—we may be warranted in attributing to it a criminal act that might possibly have been the offspring of moral depravity. They forget very strangely that the only conclusive proof of the existence of mental disease is to be found in the mental manifestations of the patient. He may have lost his appetite, his head may feel tight and oppressed, he may have become sleepless and restless, but these symptoms do not prove him to be insane. It is what he says or does, as compared with what he said and did when supposed to have been sane, that has any bearing on this point, although, no doubt, these symptoms furnish confirmatory proof. We admit with them that the single criminal act may sometimes be very unsatisfactory proof of insanity, but we apprehend that such cases are very infrequent. When such an act is really the result of insanity we can usually find in the antecedent or subsequent history of the patient, if we will carefully look for it, some corroborative proof of its presence. Even without it, the act may be of such a nature that the common instincts of humanity impel us to refer it to mental disease, and this, I submit, is as good ground for an opinion, as arbitrary rules and theoretical considerations. When a woman, previously distinguished for every virtue, takes the life of her darling child, am I obliged to stifle my instinctive convictions of her insanity, merely because no other symptom of mental disease had been witnessed? In such a case, we may be sure, science and humanity render no discrepant testimony.

In a large proportion of cases, it is well known, proof of insanity is drawn chiefly from the character of the criminal act, the previous and subsequent manifestations of disease being too obscure and equivocal to possess much significance. Now it is going but one step farther, and that not a very long one, to make it the sole and only proof. The force of the proof is not derived from the number of the diseased manifestations, or the precise time of their appearance, so much as it is from their significance; and in this respect, the act of

which the person is accused may be far more important than all other traits and incidents together. To leave this out of the account indicates, not so much any special regard for justice or scientific propriety, as it does a total inability to comprehend its true legal and scientific relations. There is no reason why we should be cut off from any source of evidence whatever, touching the mental condition of one who pleads insanity in defence of crime. If it should stand alone, single and circumscribed, then, certainly, it is all the more carefully to be considered and estimated. If it exhibit mental disturbance, if it is contrary to the characteristic feelings, habits and principles of the person, it is a no less valid excuse for any criminal act with which it may have been connected, than if it had occurred days or weeks before. But the act, it is said, is the very thing in dispute, and therefore can not be fairly used in evidence for or against. This may sound plausibly, perhaps, but it will prove, on examination, only a paltry sophism. It is not the act that is to be tried. It is the guilt or the innocence of the individual that is to be established, and if the act in question furnishes any evidence on this point, it may be legitimately used. Its sufficiency for the purpose is quite another matter, and can be properly estimated only by means of the light which is derived from a profound and extensive study of mental phenomena, both in the sane and insane condition.

Such are the principal objections, I believe, to the doctrine of moral insanity. They have been variously presented and enforced by writers on the subject, and it will serve our present purpose to consider them in some of these aspects, though at the risk, perhaps, of a little repetition.

Dr. Mayo, an eminent London physician, and author of some respectable works on physiology, has put out a little book, entitled, "*Medical Testimony and Evidence in Cases of Lunacy*," being the Croonian lectures for 1853, in which he opposes with all his might, the idea that a man may be insane without intellectual derangement. Like many writers who have but a theoretical knowledge of insanity, he is unable to distinguish the phenomena of moral insanity from that kind of depravity which is sometimes met with

in common life. As examples of the latter, he adduces the case of the infamous Lord Wharton, as described by Swift, and that of a certain Mr. A., somewhat like him. These cases are stated too briefly to warrant an opinion respecting their exact character, but certainly, as stated, they may be readily distinguished from those of moral mania. The first, if not the second, was a bad man from the beginning, and their course of life tended to make them worse; and though the exact proportions in which these two elements existed is quite uncertain, yet there can be no doubt that both did exist. We hear of no change of character, no departure from ordinary conditions, no remissions, no traces at last of intellectual disturbance. So far as their vicious qualities sprung from originally defective moral endowment, so far must they be considered—not insane, certainly—but morally imbecile, deficient in the ordinary allotment of moral power, just as other imbeciles are in intellectual power.

Dr. Mayo's remarks on a case of homicidal impulse, related by Pinel, very fairly illustrates the manner in which this question is often presented. Pinel, who for years had studied insanity on the largest scale, saw in it no intellectual disorder, while Dr. Mayo, whose knowledge of the disease is that of a connoisseur, is quite sure that it really existed. Special attainments which, in other departments of learning, ensure some deference to one's opinion, are here supposed to go for nothing. Indeed, Lord Denman declared from the bench, that on this matter of moral insanity, the opinion of a medical man is no better than any other man's.

After all, Dr. Mayo admits that there is an abnormal state of mind which cannot be properly designated as insanity. "A person," he says, "of whom neither insane delusion, nor incoherency, nor, again, idiocy, can be predicated, may be brought before a physician, as requiring precautions in reference to the management of his property and person. The man in question is not in his dotage,—of that state I am not speaking at present—he talks with sufficient fluency, and without anything remarkable in the sequence of his thoughts. But, on every subject of business, his mind goes into a *state of confusion*, of which he is not conscious. He is *unable to*

*appreciate value*, and, though fond of property, will purchase and part with it at absurd prices. He can believe anything that is told him, however improbable ; and, if he takes a dislike, can invent or believe any fiction that falls in with his feelings of resentment. I may add, that his conversation being on the whole continuous and coherent, there is a nervous flighty character in it, and often some deficiency of articulation." This he calls *unsoundness of mind*, but, omitting the two traits which I have italicised, we have a well marked case of moral insanity in one of its numerous forms. In the cases given to illustrate this description, we see no notice of this confusion of mind on the subject of business, nor of the inability to appreciate value. The first is the famous case of Mrs. Cummins, in which directly opposite opinions were expressed by the professional celebrities who testified before the Commissioner. "On the one hand, there was neither false perception, nor incoherency, nor inconsecutiveness of thought, alleged of Mrs. Cummins. She saw no unreal objects ; she heard no unreal voices ; she indulged in no misconceptions, as to her property or position, which could be construed into an insane notional delusion. She could, accordingly, by no means incur the imputation of insanity. On the other hand, it was in evidence that she had, out of a moderate property, bequeathed £2,000 to her then solicitor, who showed his unfitness for that trust by, at another time, forcibly obstructing physicians appointed by the Lord Chancellor to examine into the actual state of her mind ; that she had, by her screams, attracted policemen to a house in which she was residing of her own free will, but separated from her family, as if violence had been used, no such violence having been proved ; that she was in a state of constant removal from place to place, so as to prevent her family from knowing where she was ; and that her solicitors were constantly being changed by her. There was excessive and unexplained, or unsatisfactorily explained, hatred of her daughters, leading to an unreasonable accusation against one of them of an attempt to strangle her. With respect to these daughters, she avowed that they had that day been drinking at the bar of the Horns Tavern, of which no proof was adduced ; that one of them was a prostitute, and that



her husband had murdered three children. Equally extreme and unreasonable, as well as unfounded, opinions were entertained by Mrs. Cummins respecting the conduct of her aged husband." On the supposition that she did not actually believe these charges, we have here the traits of a well recognized form of insanity, and the thing itself is not changed by giving it a name different from that by which it is usually called. Indeed, it passes our comprehension to see how a single difficulty connected with the doctrine of moral insanity is avoided by adopting a different name. Dr. Mayo's second case is that of a young man who exhibited, from early youth, an extraordinary pitch of moral delinquency, with a sound but limited intellect. It is, in fact, one of a class which have been termed moral imbecility, implying a congenital deficiency of the moral powers. His third case belongs to that very common form of mental disease consisting of alternate exaltation and depression, which, though long since recognized in our hospitals, has been but recently noticed in France, by Baillarger and Falret, and called by the former *folie à double forme*, and by the latter *folie circulaire*. It is often *par eminence*, a form of moral insanity. In the exalted state, no more noisy, disorderly, perverse and intractable patients can be found among the inmates of our hospitals, and yet one of the class—not an unfair specimen of the type—is pronounced by this distinguished authority as unsound, but not insane. *Risum teneatis?* The example of Dr. Mayo illustrates the sort of shifts to which men are reduced who are guided by their prejudices rather than the testimony of actual observation.

Another fruitful source of arguments against the doctrine of moral insanity, is furnished by its supposed consequences and collateral accompaniments. A specimen or two by way of illustration must answer my present purpose, but the reader will probably be quite satisfied with these. In the AMERICAN JOURNAL OF INSANITY, which of late years has taken frequent occasion to attack the doctrine of moral insanity with more zeal, if not more knowledge, than even Dr. Mayo, I read the following passage: "Almost any man may satisfy his mind, if not his conscience—a sane man, perhaps, most readily,—



that he has been surprised into a crime by some strange and irresistible impulse, some demoniacal instigation, some fatal propensity, or some unaccountable frenzy, that he could not master for its suddenness and its force. Such casualties may be, and doubtless are ; but God only can judge of them. Human laws cannot : their nicest refinements are too gross for such subtleties."\* Here it is distinctly admitted that a person *may be* morally insane, but inasmuch as the fact can be known only to God, it should not be received as an excuse for crime. Sane or insane, he must suffer precisely as if his sanity were unquestioned. The old maxim of the courts is to be reversed, for the sentiment of the passage is, better that ten insane persons be convicted, than that one sane person should be acquitted on the ground of insanity. This indicates no advance in humanity, if it does in science, but it is, really, no more creditable to one than it is to the other. The writer may speak for himself, but we protest against his measuring the professional sagacity of others by his own. There are a few poor mortals, we believe, with no remarkable endowment of self-conceit, who profess to be able to recognize a case of moral insanity when they see it, without any stretch of presumption, or uncommon exercise of skill. The fact implied in the opening sentence, if really true, which I strongly doubt, proves nothing as to the point in hand. In a criminal trial the question is not what the prisoner thinks of his guilt or innocence, but what can be proved to the satisfaction of the jury. If moral insanity is plead in his defence, proof of the fact must be found in the antecedents of the prisoner, the manner of committing the crime, his mental or bodily condition, all the circumstances, in fact, connected with the act. I have no hesitation in saying that a patient investigation of the case would always reveal, at last, its true character, and, I repeat it, he must have but a low estimate of his own sagacity, or of his own resources, who can fear that, under such an investigation, a genuine criminal could succeed in passing himself off as insane. It may be said no doubt, with some truth, that a criminal trial does not always

\* Vol. xii: p. 339.

afford the means of a thorough investigation, and that a jury is often governed more by the appeals of counsel than by satisfactory proof respecting his mental condition. The proper remedy for the evil, however, is not to abolish the plea because it is too readily accepted by easy, credulous juries, but, by some change in the mode of procedure, to have it satisfactorily disposed of one way or the other. To ignore and reject, utterly and forever, a plea, merely because it is occasionally abused, is a peevish folly hardly to have been expected of men who claim any respect for their opinions. I believe in free inquiry and thorough discussion. They are essential to all successful scientific pursuit. The right which I claim for myself, I willingly accord to others, but I do not conceive that it warrants any one to stigmatize the results to which others have arrived by the legitimate courses of scientific investigation, as hobbies and errotchets; nor am I willing to admit that such results are necessarily overthrown because somebody else with some practical knowledge of insanity, is unable to understand or appreciate them. If writers have nothing better to offer on this subject than a confession of ignorance or incompetency, in the name of common sense, let them be silent.

Before concluding, it may be well to warn the reader that much of the opposition to the doctrine of moral insanity comes from men who, on the strength of some professional eminence in other branches of the art, presume to write as amateurs on this subject, and consequently with a degree of inaccuracy which alone renders their conclusions unreliable. Thus, Sir Benjamin Brodie, who proclaims the idea of moral insanity to be a dangerous mistake, states that young Oxford who shot at the Queen was regarded by the medical witnesses as having been irresistibly impelled to the act; and, of course, nothing was necessary but a simple statement of the character and conduct of the prisoner, and the circumstances of the case, to achieve an easy victory over the advocates of moral insanity.\* Now the truth is, that on the trial not one word was said by any body about his being irresistibly impelled. The prevailing opinion among the ex-

\* *Psychological Inquiries*, p. 98.

perts was that Oxford was congenitally deficient both morally and intellectually—that his condition was not so much one of moral mania, as of moral imbecility—in which opinion they were very obviously correct.

This gentleman also attributes the same moral quality both to these morbid impulses to crime, and that impatience and irascibility which sometimes result from physical disease, such as gout and consumption; and inasmuch as the latter do not absolve from legal responsibility, neither should the former. The very superficial view of the matter which led to this conclusion is quite obvious. The victim of gout, who blows up his doctor and swears at his nurse, is an object of pity. We pardon his temper and bear it with inexhaustible patience; but surely we should not suffer him to shoot them down with impunity. To a very large class of people this would seem very sensible and quite conclusive. They do not ask where, in this instance, the irresponsibility ends and responsibility begins; nor do they consider that should a gouty patient actually slay his nurse, in a paroxysm of anguish, he would be generally regarded as morally irresponsible, and, on trial, would scarcely be convicted. Sir Benjamin spices his reasons with a dash of the ridiculous. "Ought it to be admitted as an excuse," he says, "that Dr. Garrod had examined his blood, and found in it too large a proportion of lithic acid?" Why not? If a hydrophobic patient should bite one of his attendants, who would think of a criminal prosecution? But is there any moral distinction between the effect of the hydrophobic virus and that of lithic acid? Like many others of little experience in mental affections, the distinguished surgeon has not learned to discriminate between actual disease and excessive activity within the limits of health; and when their attention is called to this fact, they make the difficulty of drawing the distinction a conclusive reason against its existence, or at any rate, against taking it into account in any question of legal responsibility. Because it is sometimes difficult to determine which of two possible conditions is present in a case of the highest practical importance, let the existence of one of them be ignored and forgotten,—a rule of philoso-

phizing unheard of before since the world began! We join in the universal homage paid to the surgical attainments of Sir Benjamin Brodie, but for his opinions on the subject of insanity we have as little respect as for his knowledge of natural history, as displayed in the following passage: "When a sow is delivered of a litter, each young pig as it is born runs at once to take possession of one of his mother's nipples, which he considers as his peculiar property ever afterwards." If this be so, they certainly manifest but little respect for the rights of property as vested in one another.

Accuracy in matters of fact does not seem to be a prominent quality of some of the opponents of moral insanity, whose peculiar opportunities furnish less excuse for it than may be accorded to Dr. Mayo. "When Esquirol, Marc, and other alienists wrote upon insanity, nearly half a century ago, every trifling group of morbid symptoms had a sounding name, and each of the numerous faculties of the phrenologists was supposed to be an independent power, with its seat more or less ingeniously placed on the cerebral circumference. This is all changed. Mind is now recognized to be a unit, and even the grand division into intellectual and emotional faculties, merely a convenience."\* Such vague, loose, incorrect statements as these are not the fruits of true scientific inquiry. Their parallel may possibly be found in those annual products of our professional culture, known as *inaugural theses*, in which occasionally the youthful aspirant makes himself more remarkable for his rhetoric than his knowledge. Esquirol's great work, *Des Maladies Mentales*, was published in 1838; and Marc's principal work, *De La Folie*, &c., in 1840. Now, although we hope that our branch of the healing art has not been standing still amid the general advance of knowledge since those periods, yet we challenge the proof that any important fact stated by these distinguished men has been ever successfully discredited, or any single prominent conclusion or generalization of theirs been rejected by subsequent writers of any account. I venture to say of Esquirol's work, that whoever has failed

\* AMERICAN JOURNAL OF INSANITY, XVII, 448.

to appreciate, in the highest degree, the accuracy of his facts, the minuteness and breadth of his observation, the felicity of his description, and the variety and fullness of his experience, may well doubt his own proficiency in the study of insanity. Of course they found in the nosology of their time many particular manifestations of insanity designated by special names, but they paid no heed to such things. Their business was to record the results of their observations, and this had but little to do with any refinements of classification. Esquirol began with doubting the existence of that form of insanity designated as *homicidal impulse*, or *homicidal monomania*, but subsequently, a host of cases occurring under his own observation obliged him to admit it. To the weight of such testimony he had—what is a rare virtue with inferior men—the moral courage to surrender his prejudices and acknowledge his mistake. Instead of being a believer in phrenology, as the above extract would seem to imply, he always denied that it had any foundation in fact, and therefore was not very likely to be guided by it in his inquiries. To affiliate the conclusions of Esquirol, Marc, or any other distinguished practical “alienist,” with those of phrenology, indicates a strange confusion of ideas on a very simple matter. However valuable the assistance which phrenology affords in the study of mental phenomena, no one ever supposed, unless, perhaps, it might be a few of its very ardent votaries, that it threw any *direct* light on the difficult problems of insanity.

The statement that the division into intellectual and moral faculties is merely a convenience, the mind being actually a unit, and, therefore—for such seems to be the implied conclusion—moral insanity, strictly speaking, is impossible, is a remarkable specimen of the *art of putting things*. The logic is supposed to be irresistible. If there are no moral sentiments in the mental constitution, then, certainly, there is no such thing as moral insanity, and thus the question is summarily disposed of. In fact, however, the point in issue is not touched. The division of the mind into moral and intellectual faculties, like every other matter of classification, is, no doubt, a convenience; and so well founded in nature, as to have been recognized



by the profoundest writers on mental science, from Plato down to Dugald Stewart. But nobody ever imagined that this division indicated any opinion respecting the essential condition of the mind; and when we admit that the mind is an indivisible unit, and the moral and intellectual powers only different manifestations of the same principle, the doctrine of moral insanity is not at all affected by the admission. For when we say that a person is morally insane, we mean merely that his insanity is confined to those manifestations of the mind, which, for the sake of convenience, we call the moral faculties. The phrase affirms nothing as to the unity of the mind, one way or the other.

A page or two farther on, he seems to imply a doubt whether there is, really, any such division. It is "entirely superficial, and the first step in an analysis shows that an act of the intellect is impossible without an accompanying affective one, and *vice versa*." To "the experienced alienist, who pierces beneath the outward appearance," this may be very clear, but ordinary observers, endowed with no such special gifts, are constrained to inquire what moral sentiment is particularly active when one is demonstrating the forty-seventh proposition of Euclid, or making up a table of statistics? Does he then feel more or less amiable towards his friends or the world in general? Is he conscious of feeling a warmer glow of patriotism while calculating the path of a comet or investigating the laws of chemical affinity? Perhaps he is. I would not deny the fact, but would be duly thankful for information.

I have thus disposed of what I take to be the principal objections to the doctrine of moral insanity. It may be regarded, perhaps, as a work of supererogation by most of those who have been much conversant with the insane, and been in the habit of considering the existence of this form of disease as well settled as that of any other. They must bear in mind, however, that objections which seem too peurile for serious refutation are urged upon courts, paraded in newspapers, and patronized by amateur writers on the legal relations of the insane. In this way, they get a sort of factitious authority which deceives the ignorant or unwary, and therefore procures for them



a degree of attention they would never obtain by their intrinsic merits alone. When it is considered a mark of superior wisdom, and of elevation above the foibles and crotchets of well meaning but simple-minded men, to scout at the results of faithful observation which happen to jostle the prejudices of the world, it becomes a duty to speak. If in the course of my remarks I have occasionally manifested a little more freedom of expression than the needs of a strictly scientific discussion require, I can only say in excuse that I did not begin it. Facts may be met by facts, arguments may be met by arguments, but sneers, jibes, sophisms, and conceit, must be encountered with a very different class of weapons.

---

THE LOVE OF LIFE. By HENRY MAUDSLEY, M. D.

[*Journal of Mental Science*, July, 1861.]

WHAT a painfully distressing feeling must that be which one who has faith in the doctrines of phrenology, and experience in the art of it, is compelled continually to undergo! In his converse with men, the most disagreeable suspicions with regard to their feelings, their motives, their abilities, and their whole characters, must ever be obtruding their dark shadows over the serenity of his mind. As a judge on the bench, a counsel at the bar, or the foreman of a jury, it will be to him an irresistible conviction that no reliance can be placed on the evidence of that witness in the box, forasmuch as, on the top of his head, in the place where should gently rise a veneration-swelling, there appears a most palpable pit, in which clearly all faith in the sanctity of oath may be hopelessly buried. What a cold sweat of agony, too, must ooze out over the phrenologist's body, when, prostrate on the bed of a heavy sickness, he sees written on the forehead of the being into whose hands the event of his recovery seems placed, that there is no power there of tracing out the causes of his ill, no faculty there for comparing and judging the value of symptoms and remedies! And then to be so often obliged to feign an intimate in-

tercourse or to transact confidential business with one whose cranial conformation proclaims that no intimacy, no confidence, no security can abide. Verily, if phrenological knowledge be true, it is a blessed want to be without it. Conceive, if possible, the angry consternation of a future mother-in-law, if, before definitely proposing for her daughter's hand, a polite but resolute claim was put forward to a careful phrenological examination of her daughter's head. And yet that would be the bounden duty of a faithful phrenologist. Nor would accurate craniological knowledge be any great blessing to the individual, as regarded his personal welfare. For, inasmuch as the majority of men are foolish, and a great proportion of them very foolish, it is evident that a great many heads must be of indifferent conformation. What, then, would be the result of a general knowledge of this? Why, the vascillator would be surely confirmed in his vascillation, for he would fancy he saw his want of firmness to be in the purpose of the universe; the sensualist would wallow deeper in the mire of sensuality, for he would challenge the fate of a necessity in his acts; the thief would steal with greater abandonment and more industrious infamy, for he would consciously bow before the inexorable tyranny of organization; and the atheist might, with a scoff, silence for a moment his antagonist, by summoning in the effect the testimony of a cause in which he dreamed that he disbelieved. It appears to be the right fulfillment of an individual's destiny upon earth not to trouble himself greatly about deciding what he can do, but to do what he can. No advantage ever comes to any one from an excessive attention to the elements of his own character, or the phenomena of his own mind. Great self-consciousness is more or less of a disease; and that which is appointed to each one is to do with all his might that which lies before him to do—to work with earnest, sincere, moral, and intelligent labor in harmony with nature's laws. It is of such labor that it has been said, *laborare est orare*; and to one so working there need be no fear of failure, for the laws of the universe are his support; beneath him are “the everlasting arms.”

Wer immer strebend sich bemüht  
Den können wir erlösen.

Who ever striving labors well,  
He never can be doomed to hell.

Notwithstanding the inevitable distress which the sincere phrenologist must so often experience, a moment's reflection may still enable him to draw some amount of consolation from his principles. It is painful to meet with individuals whom no consideration seems effectual to restrain from dishonorable actions—people who can not crawl out of their own slime, for they carry the ever active source of it with them; but it is often more painful and difficult to be able to accept them as they are without useless anger and disgust. And yet that is what must be done; for there is no ignoring an accomplished fact, however perplexing, disagreeable, or afflicting it may be, and no amending it by reviling or regret. Necessity is a hard and rugged teacher, sternly and inexorably insisting on acceptance. Perhaps, then, the conviction of their inevitable nature may be of service in enabling the phrenologist to accept with equanimity certain of those lying, vicious, malignant, human abortions, who are daily plying damnably on the “sounding loom of time.”\* Why give way to vain disgust or grief? All mankind, conspiring together in deepest, desperate determination, cannot, for a moment refuse recognition of the inevitable; whatever is, is by nature's laws, and being there, is most surely there rightly. So might reason to himself the philosophical phrenologist, were such a being in existence; and in such reflections, whatever their justice, there would at any rate be more wisdom than is exhibited by those philosophers who, blown up by the wind of their own conceit, have the vanity to suppose that they could improve upon the constitution of the universe.

Sometime ago there was under care a patient, whose head was re-

\* In place of exclaiming as they ought to do—

So schaff' ich am sausenden Webstuhl der Zeit  
Und wirke der Gottheit lebendiges Kleid.

Thus I work the roaring loom of Time,  
And weave the living robe of God.

Such creatures ought continually to cry—

So schaff' ich am sausenden Webstuhl der Zeit  
Und wirke des Teufels lebendiges Kleid.

markable for its general angularity, but especially for a very marked projection in the region in front of the ear. On the brain this elevation would correspond to the anterior, lower and outer part of the middle lobe, and perhaps, also, to the outer, lower and posterior part of the anterior lobe. Evidently here was a case for testing the assertions of phrenology in one of its details, and a case so far favorable, inasmuch as it was impossible for any one to look at this patient's skull without observing the peculiarity. But first it will be well to establish definitely what was the particular, marked, absorbing feature in the mental disease, in order that, on reference to a phrenological chart, there may be a pure and simple test, without any even unconscious bias from foreknowledge. The case was one of deep melancholy—melancholy of the whining, moaning, selfish type; the melancholy which makes a man miserable without spoiling his appetite, and which renders him acutely sensible to his own lightest trouble, while utterly insensible to the profoundest calamities of others. The particular and persistent delusion was a gloomy fear of death, a fear which had no foundation in any recognizable bodily disease; and with it, when at its worst, was conjoined the dread of having committed the unpardonable sin. But the latter fear, unlike the haymakers' puppets which come out with their rakes only when the weather is to be fair, retiring when the storm threatens, seemed to disappear on sunshiny days, and to make its appearance again when there was extra gloom. The dread of death was, however, an ever-present horror; and for the most part it was only necessary to suggest the name of a disease, for the unhappy patient to fancy, before twenty-four hours were over, that he was afflicted with it. Nay, he would beg of you piteously to come and look at his eyes—they were certainly becoming glazed; to feel his heart—it was fluttering, feeble, actually stopping; to examine his legs—there was no circulation in them, and he was sure they were already dead. He walked along with cautious tread and bated breath, as though he were a Prince Rupert's drop, which the slightest scratch might precipitate in dust. Of course no reasoning was of any avail to shake his unfounded conviction; there would have been as good a hope of an attempt to talk down a gale of wind.

"You may as well  
 Forbid the sea for to obey the moon  
 As, or by oath remove, or counsel shake,  
 The fabric of his folly."

And will not the end prove that the quotation might be continued?—

"Whose foundation  
 Is piled upon his faith, and will continue  
 The standing of his body." (*Winter's Tale.*)

It is quite evident, then, that in the history of the patient there is a very notable matter, as well as in the appearance of his skull; and were it a legitimate conclusion to regard these two circumstances as cause and effect phrenology might well cry out in exultation, for it so happens that the phrenologists locate the love of life precisely in that spot where the prominence in this death-fearing individual occurred. And an excessive fear of death, coming as it does from a consciousness of the object of the blind instinct of life, may be regarded justly as the evidence of an excessive love of life. A somewhat similar case, recorded by Dr. A. Combe, may be mentioned to show what was the cerebral seat of the mischief therein; it was that of a lady in whom the love of life was a ruling passion. On a post-mortem examination, there was found "an enormous development of one of the convolutions at the base of the middle lobe, so striking as to arrest immediate attention. The corresponding part of the skull showed a deep and extensive moulded cavity or lid, running longitudinally, with high and prominent sides, and presenting altogether an appearance much more striking than I ever saw." Two swallows, however, do not make a spring, that is certain; but it is certain also that two swallows darting and wheeling through the air, or rippling with rapid wings the quiet surface of the waters, would make most people suspect the approach of spring. But then the swallow does not make the spring—*una hirundo non facit ver*,—but comes as a coincident effect of a cause of which the spring also is an effect; and so it is quite possible that a particularly bossed head may be associated with an extreme love of life, without having any direct causative relation thereto. It will be most satisfactory to appeal to facts for the elucidation of whatever connection, accidental or essential, there may be, or appear to be. The head of the patient was

measured in its antero-posterior diameter, from about middle of forehead to occipital protuberance, and transversely from a spot a little in front of upper part of ear to the corresponding point of the opposite side ; and the dimensions were—

Antero-posterior diameter .....	$7\frac{1}{8}$ inches.
Transverse diameter .....	$6\frac{1}{4}$ "
Circumference .....	$22\frac{1}{2}$ "

Now, the corresponding measurements of a phrenological model were—

Antero-posterior .....	$8\frac{1}{2}$ inches.
Transverse .....	$5\frac{1}{8}$ "
Circumference .....	$22\frac{3}{4}$ "

So that, although the length of head in the model was one-fourth of an inch greater than in the death-fearing patient, the breadth was actually three-eighths of an inch less. The model head is, however, rather a large one ; and the average dimensions of an ordinary male head may be more properly stated thus :

Antero-posterior .....	$7\frac{7}{8}$ inches.
Transverse .....	$5\frac{7}{8}$ "
Circumference .....	22 "

The transverse diameter of the death-fearing head is still three-eighths of an inch more than it should be, and in reality even more than three-eighths of an inch ; for the transverse average has been established by measuring from a point above the ear, where, of course, the skull is broader considerably than it is in front of the ear. One conclusion may be considered certain, that, in an individual cursed with an inordinate love of life, there is a marked development of that part of the skull which the phrenologists look upon as covering the portion of brain in which such love is placed. Such a striking coincidence naturally raises the expectation of a like result in a like case, and of a quite different result in an unlike case. Here, then, is the head-measurement of a patient who evinces no love of life whatever, but a most decided desire for death. He is deplorably anxious to have a bath, and to be boiled to death ; and has attempted suicide once by breaking a chamber-pot, and haggling at his throat with the fragments :



Antero-posterior measurement .....	7 $\frac{3}{8}$ inches.
Transverse measurement (in front of ear).....	5 $\frac{1}{4}$ "
Circular measurement .....	22 "

Though in length the head of him is half an inch less than that of the fearful individual, the breadth is as much as one inch less, which is a striking difference; but yet, if we compare the dimensions with those of a model, the proportions are not unjust. A more striking instance of an utter disdain of life is perhaps afforded by the following case of a patient who is subject to periodical attacks of mania. He may be considered to pass through four phases of existence in the course of five or six weeks. At the beginning of a maniacal attack, he is lively, brilliant, rapid, full of projects and fancies; in a few days he becomes noisy, violent, utterly incoherent, and dreadfully destructive; after a period of such life he is gloomy, silent, moody, desperate; and out of this stage he emerges into a calm and rational condition, in which he is notable for the vigor and originality of his thoughts, and the energy and precision of his language. Now, his disgust of life persists through all these stages; death is whimsically projected in one, violently attempted in another, desperately brooded over in the third, and calmly recognized as a desirable event in the fourth. He believes that life can bring no more joys to him; he has found such pleasures as he has had to be the bitterest vanity; nay, he would rather live through his sorrows and sufferings again, as of them there have been instruction and profit, than through a fancied happiness which has been as ashes in the mouth; his soul is weary of its tenement, and would most gladly leave it. But the death-desire is manifested in the strangest fashion at the commencement of a maniacal attack. "I am perfectly willing that you should make any experiment you like on me; you may take a piece out of my forehead, and weigh some of my brain, or you may cut out my heart and weigh that; but I should prefer that you roasted me slowly, and if you will allow me I'll tell you how I should like it to be done. In the bottom room there is a grid; you might put me on that, and make a big fire under me, so that my skin might gradually peel off; that would be skin for skin, and I

should be, as you may say, regularly *done*. I have an idea that would be the best experiment. Or you might tie me up before the fire, but I should like to be tied with my head downwards. I should wish to be bound with withes—I fancy they would be stronger than cords; and, if I roar out, you must not mind that. I should prefer being done slowly rather than being thrown right into the fire; for I should roast better like a fowl slowly; and I have an idea that when the fat began to ooze out of me, I should not suffer so much. I speak this quite calmly and deliberately.” And so on, with other horribly ingenious devices. During the paroxysm of mania the death-desire sometimes takes a very obstinate form; on one occasion it was necessary to feed him night and morning for a fortnight with the stomach-pump, in order to prevent voluntary starvation. Well! the measurement of his head stands thus:

Antero-posterior.....	7 $\frac{7}{8}$ inches.
Transverse.....	5 $\frac{5}{8}$ “
Circumference.....	22 $\frac{1}{2}$ “

Here then, if the phrenologists were correct in their details, we have an undoubted right to expect a narrowness of head in that part which they regard as the seat of the love of life; we are as fairly entitled to such expectation as they are to any conclusion favorable to their view from the broad head. And yet no such narrowness exists, and the measurement, compared with that of the model, exhibits fair proportions. To accept one case and to ignore the other two, would be contrary to the plainest rule of philosophical investigation; though, without a doubt, phrenology would find some excuse for doing so. Spurzheim fancied that the celebrated calculating-boy, who afterwards became an eminent engineer, had no organ of number whatever; and in spite of so great a mistake, not a whit shaken thereby, went on to the end of his life believing in his system. But what possible excuse can there be for a so-called science which makes an assertion directly opposite to the fact? Why, there is a compensation in bumps, and the minus good or plus evil of one bump is happily often modified by the plus good or minus evil of another bump. If a man be a murderer and have nevertheless the smallest

possible organ of destructiveness, phrenology points out to you with unabashed front, nay with an actual brow of triumph, what a little benevolence or veneration he had ; and so two negatives have made a desperate positive.\* Should all compensatory excuses fail, and some perverse individual be quite the reverse of what phrenologically he should be, the faithful believer in an elastic system must confidently take refuge in the different qualities or nervous activity of different brains. And so with the eagerest possible desire to be somewhere, we are still nowhere. Most unlucky of all, the above-mentioned case of the death-fearing patient, with such an enormous bump of life-love, positively lands us in deeper difficulties ; for he, at one period of his illness, evinced a marked suicidal propensity, and was put under care solely to prevent any painful catastrophe. It may be deemed a very moderate censure to apply to a system which presents us with such anomalies as a man with love of life immensely developed seeking death, a man with "causalty" very large disbelieving in a first cause, or a man in deep thought scratching the back of his head, the remark that has been made of the individual given to excuses, that "a man who is good at excuses, is good at nothing else." Although phrenology has ranked among its supporters men as eminent as Prince Metternich, who asserted that, "since he became acquainted with Gall's discoveries, he never employed any one confidentially or about his person without reference to the shape of his head," yet few who have been trained to scientific investigation will be found willing at the present day to enter into a serious discussion on its doctrines. Since the demolition of

\* Lauvergne ('De l'Agonie et de la Mort') finds the organs of courage and destruction very small in professed duellists, and he is a phrenologist ; but then he says that is exactly what it should be, as they are always the greatest cowards.

There is one philosophical doctrine which seems to have escaped the phrenologists, and which, as it may be very useful to them, is here presented gratis. Geoffrey St. Hilaire, in his 'Philosophie Anatomique,' lays great stress on what he calls the *balancement des organes*, by which he desires to express that an excessive development of any one organ is always attended with a corresponding atrophy of some other. So that if nature has made a murderer *quoad* one bump, she must put the compensation in another. The miracle is that there should ever be a murderer.

the system by Leuret,\* real science has been content to leave it for the amusement of the pseudo-scientific and the profit of the designing. The latter will find some valuable advice in a recent published work. Having set up a shop, and spent a few pounds in brains, skulls, charts, &c., so as to make a great and learned show, he should advertise himself extensively as the celebrated Professor Brainey. "My first customer is a middle-aged man. I look at him, ask him a question or two, so as to hear him talk. When I have got the hang of him, I ask him to sit down, and proceed to fumble his skull, dictating as follows :

"SCALE FROM 1 TO 10.

<i>List of Faculties for Customer.</i>	<i>Private notes for my Pupil, each to be accompanied with a wink.</i>
Amativeness, 7.	Most men love the conflicting sex, and all men love to be told they do.
Alimentativeness, 8.	Don't you see that he has burst off his lowest waistcoat button with feeding—hey?
Aquisitiveness, 8.	Of course—a middle-aged Yankee.
Approbateness, 7.	Hat well brushed. Hair ditto. Mark the effect of that <i>plus</i> sign.
Self-esteem, 6.	His face shows that.
Benevolence, 9.	That 'll please him.
Conscientiousness, 8½.	That fraction looks first-rate.
Mirthfulness, 7.	Has laughed twice since he came in.
Ideality, 9.	That sounds well.
Form, Size, Weight, Color,	Average every thing that can't be
Locality, Eventuality, &c.,	guessed.
4 to 6.	

And so of the other faculties."†

With regard to the particular love of life, the question naturally suggests itself whether there is any ground in philosophy for allowing it such a special location as that which the phrenologists assign it. When observation in one well-observed instance decidedly fails in supporting a theory, it is better at once to throw overboard the theory and to begin again; for, however we may flatter ourselves in the conduct of life that there is no rule without an exception, yet to a law of nature there never is, and never can be, an exception. "And what thinkest thou," said Socrates to Aristodemus, "of this continued love of life, this dread of dissolution, which takes posses-

\* 'Anatomie comparée du Système Nerveux.' 1839.

† 'The Professor at the Breakfast Table.' By O. W. Holmes.

sion of us from the moment we are conscious of existence?" "I think of it," answered he, "as the means employed by the same great and wise Artist, deliberately determined to preserve what He has made." It is, indeed, the fundamental instinct on which all others rest for their gratification; for without its continuance there could obviously be no efforts on the part of any animal to obtain what was agreeable, or to shun what was injurious. The instinct for life, *sensational self-love* (*Eigenliebe*), the struggle for existence, is the natural endowment of an organic being of any kind; prompts the plant to strive upwards with much patient endurance after light and air; gives force to the polype when it tugs and tugs at the disputed morsel till it has swallowed its opponent polype tugging at the other end, and is responsible for the obstinacy with which the latter persists in being swallowed rather than let go its hold; it is manifested in quiet action in the processes of repair, nutrition, and growth in man's body, and consciously in the operations of his mind; it is present in the anencephalic fœtus, which lives its few days, as well as in the most illustrious philosopher, for it is the *lex nostræ conservationis*—the law of organic being in consciousness and out of consciousness. The evidence then must be considered as quite opposed to any specialization of location for our instinctive love of life.\* In making such an assertion, there is no forgetfulness of the fact that, as we ascend in the scale of animal existence, a differentiation of parts and consequent specialization of function replace the general tissue and general function which answer all demands in the lowest animals; indeed, as we know that in the mind of man many different so-called faculties supersede the general instinctive faculty which serves every purpose in some animals, we are fully prepared to expect a specialization of parts in the organ through which these are manifested. But even though a specialization of brain as ministering to certain manifestations of a one and indivisible mind be conceded, it may be fairly denied that the phrenologists have, it may be confidently asserted that they have not philo-

\* Unzer und Prochaska, on the 'Nervous System.' Syd. Society's Trans.



sophically analyzed the mental phenomena, or even at all satisfactorily observed the coincidences between the different cranial developments and such faculties as they have most arbitrarily assumed. By such a process as that which they have actually followed it would be quite easy either to reduce the faculties to half the number, or to multiply them almost infinitely. The general instinct of life, which is co-extensive with organic existence, has been cribbed and cabined into a spot which the finger-end might almost cover, while an extensive tract is often marked out for a fancied faculty or propensity, which can not be shown to have any independent existence in the mind, which can, in very truth, be proved, as far as proof is possible in such matter, to have no such existence.

Inasmuch, then, as candid observation fails to support the phrenological generalizations, it remains only to search for some wider generalization which shall, if possible, include the facts on which they claim to be founded, and the contradictory instances by which they have been discredited. Well, then, all broad-headed people are very selfish, that is to say, all who have the head broad in proportion to its length. Now, if an individual love himself very much, it is clear that, as a part of his self-love, he will love his own life; and, therefore, there is no necessity from the existence of that particular feeling, in the absence of other evidence, to appropriate a particular part of the brain as its special seat. But are we to look upon an exaggerated self-love as the sure accompaniment of a disproportionately broad head? If attention be given to the matter, it will be surprising what a number of observations support such a provisional generalization, for it is nothing more; but it is certain that, as a practical rule, it will be safer to repose faith in the long-headed man than in the broad-headed man. Such a conclusion may claim in part the support of the phrenologists, as about the love of life centre they group the various so-called animal propensities, which have all self as the object of their gratification. Near is placed that organ which is supposed to have for its gratification in a moderate degree the possession of such things as may be necessary or desirable, and which in immoderate measure evidences selfishness, avarice, or such-



like vice. Next neighbor to it is constructiveness, the design whereof is the construction of useful works of art, but the abuse or extravagant development of which is clearly manifested in the fabrication of injurious and destructive devices, for deceiving or injuring in the pursuit of selfish gratification. Secretiveness and destructiveness carry the breadth backwards above the ear; the former rightly an ingredient in prudence, unrighteously becomes the foundation of cunning, deceit, lying, and such-like abominations; the latter displays itself in severity, cruelty, and a total disregard to the feelings and interests of others. Behind, again, combativeness and adhesiveness may represent in the selfish character the ferocity of selfish effort, and the tenacity with which the selfish being holds to that which he has unjustly obtained, or clings to the faithful implements of his vices. We may then accept the observations of the phrenologists so far as this, that an undue preponderance of breadth of head throughout the region in which they place the propensities, indicates with certainty an animal self-love, which can scarcely be trusted at all times to adopt only fair means for its gratification. Undue preponderance, be it observed, for it is justifiable to expect a favorable result, even with a rather broad head which has a proportionately good length, and which has, so to say, the power of its length placed in the anterior half thereof. And why? Simply because there is in the front the greatest natural power, the force of intellect, which by exercise and development is able to control the objectionable propensities indicated in the animal broadness of skull. A man of intellect, even with a powerful selfish propensity, sees morality to be in the purpose of the universe, in that he sees that immorality is surely and inexorably punished, and he resists, stifles, and overcomes his evil propensities as a matter of intellectual conviction. There is much more hope, therefore, of a broad skull heavy in the anterior portion of its length, than there is of a skull deficient in front and largely developed behind. Our death-fearing patient was not only unfortunate in an unusually broad head, but was unfortunate, also, with a moderately good length in the proportions thereof. While the back part of his head was large, his forehead receded and was

remarkably flat, seemed for all the world as though it had been planed up and down slantingly backwards, and from side to side directly. There was no power of intellect, therefore, to compensate the propensities; the fates had been unpropitious.

There is one circumstance in the history of this man of fear, that might at first appear rather awkward for our generalization. He was at one time suicidal, and it may be objected that such a fact, which is so damaging to the phrenological special assertion, is none the less so to the fancied safer and really more general one. But what does suicide come of but of self-love? It may be looked upon as the final development of selfishness, the culminating act of self-love gone mad; a pitiable proclamation to all the world on the part of a certain individual, that by too great consideration of himself and undue indulgence in the feeling of self, he has rendered himself unable to labor with and for his kind, therein to further nature's progress and fulfill the purposes of a human being's existence in time and space. Accordingly nature has compassion upon him, and takes the management of him out of his own hands. Surely Cato is one of the most unworthy of heroes, hero of Luean though he be; was he pure and unselfish? If Cato had thought more of Rome and less of Cato, he had surely not killed himself.

Any poor creature from the gutter can put an end to himself; there is no nobility in the act, and no great amount of courage required for it. It is a deed rather of cowardice shirking duty, generated in a monstrous feeling of self, and accomplished in the most sinful, because willful, ignorance. Even if the act of Cato did not speak for itself, there is other evidence to show that he was far too self-conscious. Montaigne tells us that he was given to drinking, and it is certain that the Catos as a race were noted for rigid severity of character, which mostly signifies narrowness of vision, self-love, and conceit. That he at any rate could not see very far out of himself is undeniable, else he surely had not failed to recognise one of the very greatest heroes that the world has seen. It has been said, "*Non video quid habeat in terris Jupiter pulchrius, quam ut spectat Catonem, jam partibus semel fractis, stantem nihilominus inter ruinas*"

publicas rectum !” Certainly there would have been a nobility in the spectacle had Cato stood firm ; unfortunately he did not, but fell very helpless and prostrate indeed, and the spectacle is a miserable one.\* How painful and pitiable it is to hear of the wretched documents which a poor mortal who has put an end to himself so often leaves behind him ! One man thinks that virtue and nobility are perishing off the face of the earth with him ; and another feeble being, whom a housemaid or a needlewoman has jilted, leaves behind an explanatory document, as though it were of some consequence to the universe to be enlightened as to why he went the way of folly. Patient endurance of trials and afflictions never fails in life even to secure respect and honor, for it is in the purpose and of the nobility of human nature to suffer ; suffering teaches and exalts—is in itself so great a good that the wisest have ever heartily blessed it. But it is only an extension of view which enables a man to regard himself as a small atom in a mighty scheme, and to feel that the works which he does, and not the feelings which he has, are of consequence in the universe ; which makes him learn that egotism is only rightly such, as the expression of individual force laboring for the general good, laboring, and if need be, suffering and dying for that—it is only such wide and disinterested views that will render any one capable of enduring with resignation and in silence.

If it be true that an angular head is not to be desired, and that a broad head, or a head large behind are to be regarded with suspicion, it may be demanded with some impatience what description of head is the best. We shall not find that there has been any general agreement among mankind upon this point. Adair says that the northern savages “flatten their heads in divers forms ; but it is chiefly the crown of the head they depress, in order to beautify themselves, as their wild fancy terms it ; for they call us long-heads, by way of contempt.”† It might even be supposed that nature had

\* The epigram of Varro, therefore, loses its force for us—  
Marmoreo Licinus tumulo jacet, at Cato parvo ;  
Pompeius nullo. Credimus esse Deos ?

† ‘History of North American Indians.’

no particular preference in the matter, and had contentedly left the form which a head might take very much at the mercy of accident or human design, were reliance placed on the credulous observations of Vesalius, who says "that the Germans had generally a flattened occiput and broad head, because the children are always laid on their backs in the cradles; and that the Belgians have a more oblong form, because the children are allowed to sleep on their sides." To the confiding disciple of Gall and Spurzheim, who reflects on the small circumstances which so frequently determine great events, it may appear within the compass of possibility that we are indebted for the dark ages of the world to a prevailing epidemic for putting children on their backs in the cradle. Vesalius further observes that the crania of the Greeks and Turks are globular, that being a shape well adapted for wearing the turban, and one, therefore, often produced by the midwives at the request of the mothers. But there would really appear to be no limit to the number of deformities of the head artificially produced by different nations. M. Gosse enumerates no less than sixteen principal varieties.\* These are: 1. the wedge-shaped head, produced by pressure in front, as among the Caribbees and others, and in another way by pressure principally applied to the occiput, as among the Natchez Indians. 2. This form is similar to the first, except that the deformity is more symmetrically produced, so that the head becomes cylindrical rather than wedge-shaped. Such a form was beauty with the ancient Aymares of Bolivia. 3. This may be called oblique; it is produced by pressure applied in a diagonal from the frontal of one side to the parietal of the opposite side. 4. The square head. 5. A very singular form; the head is made *three-lobed* by means of a complicated system of bands. This was the case in certain skulls found "*dans l'île de los Sacrificios*." 6. Pressure exclusively frontal; the deformity thus made is said to be common in many parts of France. 7. This variety is produced by elongation or flattening of the nose. 8. In addition to the flattening of the nose, the head is pressed ob-

\* 'Essai sur les Déformations Artificielles du Crâne;' also 'Annales d'Hygiène publique.' Paris, 1855.

liquely in front and on the sides, so as to give it a pyramidal form ; this is the Mongol head. Besides these deformities, M. Gosse further admits : 9. The *prognathos* head, found among the Caribbees, and produced as before stated. 10. The head flattened on the sides ; this has been found even among some modern Arabs. 11. The head deformed both in front and on the sides. 12. The spherical head of the Turks. 13. The head which has been strangled into an hour-glass shape by means of a tight band—the annular deformity described by Foville. 14. A band tied under the chin has divided the upper part of the head into two lobes. 15. A particular pressure applied occipitally produces the deformed head of the Ineas. 16. Sometimes the head is made to assume the appearance of a truncated cone ; this form has been observed at Siam. A remarkable circumstance is that M. Gosse believes that the forms artificially impressed on the skull through successive generations tend to become hereditary, and that we must consequently assign less value than has been hitherto done to those characteristics of different nations derived from the forms of their skull. Herein he only agrees with Hippocrates, who observes that the seminal fluid comes from all parts of the body, sound as well as unsound. If, then, from bald parents there often spring bald children, from blue-eyed parents blue-eyed children, from squint-eyed parents squint-eyed children, and so with other varieties, what should hinder a long-headed person from begetting a long-headed child ? There is, however, a fallacy to be guarded against in the observation of Gosse. It is almost certain that the deformity artificially produced by a nation will be an exaggeration of some natural peculiarity, which is itself considered beautiful ; and it is evident that if a particular form of head be natural to a race, it will be transmitted without artificial influence. It is pride which, as Gratiolet observes, lies at the root of such follies, and the savage or civilized man loves his defects as well as his good qualities. If humps or big ears were deemed beautiful among a people, there would certainly be an attempt to exaggerate such peculiarities. Since Gall's time, some have tried for a noble forehead by shaving off their hair in front, and fools every day think to get a great man's



genius by imitating his mannerism. On the whole, it seems probable that nature is much too wise to leave the destiny of man to the mercy of his own ignorance and superstition, and that she ever works faithfully to a type of her own. It is certainly of some importance that it should be so, for Gosse, whose opinion Gratiolet deems to be of great weight, thinks that the deformities artificially produced are not without influence on the moral qualities of the individual; and goes so far as to suppose that a slight deformity of the occiput may in some cases be advantageous.

Now if there be one nation which we should expect to have come up more closely than any other to nature's best type of the human head, that would surely be the Grecian—a nation which still maintains its pre-eminence above all others for the success with which it has discerned and represented the true in the beautiful, and the beautiful in the true. The Grecian sculptors have made the heads of their gods on the best human model, but have purposely exaggerated the perfections, and have thus fashioned more than mortal foreheads. They are sometimes not content with a facial angle of less than  $100^{\circ}$ ; and all succeeding artists who have desired to represent a noble ideal being, have imitated their immortal productions. And yet a good head, as was not forgotten in Greece, should constitute a harmonious whole, without any sudden projection or striking disproportion between its different parts. The forehead should be high, broad and full, so that there may be no mistake about the skull falling forwards of its own weight when unsupported. Let it even drag the body forwards with it into a somewhat ungainly stoop, as it often does in thinking men; it is the head of natural intellectual superiority, the opposite of that which, fading in front, so often crowns the pipe-clay column. For a bad feature in a forehead, in addition to its lowness, is a narrowness thereof; in the negro and more markedly in the Bosjesman the anterior part of the hemispheres is narrower than is usually the case in Europeans, as Tiedemann observes; and the narrowing of the frontal lobes to an acute point is one character in which the brain of the monkey is distinguished from that of man. Observation shows also that a development of the frontal vertebra



contributes more to the actual size of the brain than a corresponding development of the occipital vertebra ; for whilst a considerable relative increase of the latter adds but little to the capacity of the cranium, and particularly of its cerebral portion, the least increase of the former is entirely to the advantage of the cerebrum, and adds notably to the capacity of the cranium.\*

From the forehead the passage backwards above should be through a lofty vault, a genuine dome, with no disturbing depressions or vile irregularities to mar its beauty ; for the greater depth of the hemispheres is another point in which the human brain differs from that of the monkeys, and in which the brain of the European differs from that of the Bosjesman. After the size of the forehead there is no character of more importance, says Gratiolet, than the elevation of the cranium above its inter-auricular diameter, an elevation which signifies a simultaneous increase of the median *occipito-frontal* convolution, and of the *transverse inter-auricular* convolution. "The portion of this latter convolution measured by the interval between the centres of ossification of the two parietals is especially interesting, as it gives a very exact idea of the development of the cerebral regions comprised between the top of the fissure of Sylvius and the great median fissure which separates the two hemispheres." This is a region which is narrower in the *Pithecus*, more developed in the *Orang* and *Chimpanzee*, but which acquires its largest proportions in man. "Its great size is therefore a human character, and every flattening of this convolution on each side of the median plane is a grievous sign. We instance particularly on this subject the *Tasmanian*."

Inasmuch as the posterior lobe of the brain is almost peculiar to man and the monkeys, we cannot but conclude that it has most important functions, and that a rightly proportioned human head will be fairly developed above and behind. The convexity of the head behind the points of ossification of the parietal bones is an indication of the appearance on the surface of the brain of certain convolutions

\* 'Anatomie comparée du Système Nerveux considérée dans ses rapports avec l'intelligence,' par Leuret et Gratiolet, tome ii.

peculiar to man. Gratiolet, who has given the greatest attention to the particular characters of the human brain, finds that this is a point in which the white race excels other races as much as it does in those characters before mentioned.\*

That there should be no marked projections or irregularities on the human skull formed after the noblest type, but rather a general evenness of contour, would appear to be involved in its superiority over the animal type, in which prominent ridges and rough irregularities are required for the attachment of very powerful muscles, and might perhaps be furthermore predicated as a result of the great complications of the secondary convolutions of the human brain. When the Greeks wished to express physical force as contrasted with moral force, they made the head large, with the orbital cavities wide apart, the jaws massive, and the facial projections well marked, the forehead low and broad, with enormous frontal prominences, "*Comme pour marquer la place des défenses d'un taureau.*" "Certainly the Farnese Hercules, with the head of a ruminant and the upper part of the cranium depressed into a smooth table, will never be confounded with one of the gods of the metaphysical order, one of those who govern the universe. We may conceive easily enough how he might struggle with a lion, but regarding the smallness of the noble protuberances of his head, who can be astonished to see him take an infant for his guide, and to surprise him spinning at the feet of Omphale."†

It is by the predominance or deficiency of those characters by which the human brain is distinguished from the brains of other animals, and especially from that of the monkey, as far as any opinion can be formed of such characters from the conformation of the cranium, that we may establish the beauty or defects of a human head.

\* There can be no doubt that the functions of the posterior lobes of the brain are of as much importance in the mental phenomena of man as those of the anterior; but the discussion of these would be out of place here, where the object is merely to give the general character of a well-formed head. With reference to the brain of monkeys, see No. 1, 'Natural History Review,' Art. by Prof. Huxley; also Gratiolet, *op. cit.*

† *De l'Agonie et de la Mort.* Lauvergne.

Mere size is by no means to be trusted to alone, as it forms but one element in a difficult problem; for while Napoleon, Talleyrand, Schiller, and Cuvier have had large heads, Descartes had but a very moderate one. Genius is at times but humbly lodged, while even idiocy has now and then a noble looking habitation.\* Conclusions in this matter must be general and not too positive; and perhaps all that can be justly said is, that an enumeration of the bad features of a badly formed head would include a narrowness and lowness of the forehead, a flatness of the upper part of the head, a bulging of the sides towards the base, and a great development of the lower and posterior part; with those grievous characters might be associated a wideness of the zygomatic arch, as in the carnivorous animal, and massive jaws.† A man so formed might be expected with some confidence to be given over hopelessly to his brutal instincts.

Yes; whatever may be said of the power which an individual may exercise over circumstances, and whatever power some undoubtedly do exercise over them, it remains undeniable that every one is inexorably subject to the tyranny of his organization. The circum-

\* In the 'Annal. Françaises et étrangères d'anatomie et de Zoologie,' t. ii, is an account of an infant which lived four days, and which was so far anencephalic as that the whole of the anterior and upper parts of the cerebral hemispheres were wanting, together with the corpus callosum and the corpora striata; notwithstanding which the *cranium had quite its normal shape.*

† Disagreeable as it is to mention facts which seem to oppose a favorite theory, it is only right to add that Gratiolet looks upon a roundness of the sides of the head as an advantage—a distinction of the Caucasian skull from that of the negro, which, though small, is disproportionately long, being flattened on its sides. The Caucasian infant is also, as compared with the adult, dolichocephalic; whence, we must conclude that the brain in development increases a little more in breadth than in length. G. Combe quoted the narrow-headed Ceylouse as remarkable for gentleness; but, says Gratiolet, the inhabitants of New Guinea are more narrow-headed still, and they are notorious for their ferocity. But as a matter of observation, if a European head be very broad it is scarcely ever rightly proportioned; it is, in fact, imperfectly developed in other parts. Now the brain develops upwards from the parietal vertebra, so that a marked predominance of the parietal region below may to a certain extent be regarded as the sign of an imperfect, or rather moderate development of brain. Besides, the parallel convolutions of the temporo-sphenoidal lobe of the brain predominate in the monkey; the marginal convolution which forms the lower border of the fissure of Sylvius is the first convolution to appear in the brain of monkeys, and in some of them is the only one, the rest of the brain being quite smooth. There can, therefore, be no great mobility about these parts.

stances of one generation make much of the fate of the next. How, then, can we hope that an individual with the weight of the universe upon him should rise ? This, however, is not a sorrowful truth, but, rightly regarded, one really of glorious hope ; for on it rest our just expectations of human advancement through the ages. Man has been constituted with an understanding by which he may learn the laws of nature, by which he may bring himself into harmony with them, and perceive his advantage therein. The brute can instinctively adapt itself to the outer world with a marked success, but it is the noble privilege of man to make his own highest instincts. By systematic exercise of reason, he so consciously forms himself that he unconsciously, after a time, acts rightly. And, intelligently obeying nature's laws, he is inevitably carried upwards, for he has the force of the universe behind him ; but ignorantly disobeying them, he is as surely carried downwards, and his posterity marks the degradation,—the sins and ignorance of one generation become the disease and degeneration of the next. The greatest blessing, almost, that any individual can have to be thankful for is that he has been well-born—that he has come of sound parentage, not physically sound only, but morally and intellectually so, also. “ By purity of birth,” says Ruskin, “ the entire system of the human body and soul may be gradually elevated, or by recklessness of birth degraded, until there shall be as much difference between the well-bred and ill-bred human creature as between a wolf-hound and the vilest mongrel-cur.\*” Such considerations should tend to produce a solemn conviction of the eternal duration of any act, good or ill, and should inspire a fervent desire in every mortal to form, as far as depends upon him, a good future. Schiller has somewhere said, “ This is the peculiar curse of evil, that it must continually reproduce evil ;” and one may confidently add, “ This is the peculiar blessing of good, that it must continually reproduce good.”

Unhappily, our death-fearing patient was unfortunate in the stock from which he sprung ; for an uncle of his was wretched for many

\* ‘Modern Painters,’ vol. v, p. 267.

years, even to his death, and wretched also on account of the very same delusion—an unfounded, ever-present fear of death. The prognosis then, in this case, was as gloomy as prognosis well could be. Was there any hope of *reforming* in a few months that which nature had been forming, not only for some thirty or forty years of individual existence, but which she had been preparing through a former generation? The evil which has been forming through generations is not readily eradicated but with generations; and the prophylaxis against future evils is, in insanity as in other matters, a far more philosophical practice than the application of temporary expedients to present ills. It is undoubtedly true, that expediency is the best maxim where principles have not been attained, and necessary even when they have been seized; but the success of such provisional palliation must never render us unmindful of the positive duty to investigate those natural laws by which events come, to place ourselves in harmony with them, and thus to make as far as in us lies, a happy result. Is a man, then, hopelessly chained down by the weight of his inheritance? By no means entirely so; for there is something else besides inheritance which makes fate, and that is education. It is a physiological law, that the brain throughout infancy, childhood, and youth, *grows to* the circumstances which it is placed among; and, therefore, the actual development of a brain may be much influenced by the sort of nutriment supplied to it as long as it grows. It would be rash, indeed, to venture to limit the effects which a right, reasonable, moral, physical, and intellectual education may have on the worst inheritance. Every one has, in fact, two inheritances—that which he receives by transmission from his parents, and that which, after leaving his mother's womb, he receives when he enters the "womb of time;" together, these make his destiny. But given an individual at the meridian of life, with a bad inheritance and a bad education, the benevolent enthusiast may hope for his reformation, and, all honor to him, labor for it; but the careful observer will be prone to smile at his expectations, and, regarding them as a devout imagination, to compare them to those made to wash a blackamoor white. An unfavorable prognosis in

any case should, nevertheless, make us feel deeply thankful that the laws which pervade nature are not suspended, rather than gloomy or fearful, because an apparent and temporary evil happens in obedience to their operations. In fact, just as he who reflects sees it to be far better that the man who falls from a scaffold should break his leg, or even his neck, in obedience to the law of gravitation, than that the law of gravitation should be suspended, and a world go to wreck ; so it is quite possible to mingle a sincere compassion for the most hopelessly insane, with a joy at heart in the unfailing certainty of natural laws.

There seems to be a presumption that, had our broad-headed patient been high-browed and full-browed in proportion, death would have lost its great horror to him. Perhaps he might not then have fallen into so deep a fear of it ; for a knowledge of the impossibility of its coming without a sufficient cause would have restrained in moderation the dread of it ; nay, he might even have awaited the possibility with resignation, seeing the gloomy event to be in the wise purpose of nature, and subjugating his self-love to the infinite wisdom that reigns throughout. Animals do not fear death, for they know not of its coming—they are unconscious of the object of the blind instinct of life ; but the noblest earthly being, too much wrapped up in his own individuality, sometimes shivers pitifully before the dread event that he knows must come, and prostitutes his highest faculties to this ignoble slavery imposed by an animal instinct.\* Of small advantage is it to point out to such a one that, as regards his earthly extinction, that which is his loss is nature's gain ; that the end of earthly enjoyment to him is not the end of enjoyment

\* Whereby one is irresistibly reminded of Mephistopheles' scornful philosophy—

“ Ein wenig besser würd' er leben,  
Hätt'st du ihm nicht den Schein des Himmelslicht gegeben ;  
Er nennt's Vernunft und braucht's allein,  
Nur thierischer als jedes Thier zu seyn.”

“ A little better would he live,  
Could he no glimpse of Heaven's light e'er see ;  
He calls it Reason, and just uses it  
Than every beast more animal to be.”



upon earth, nor the end of existence to him the end of existence on earth ; that enjoyment and existence are transferred to other beings who shall follow after, and live and laugh as he has done. This he can not realize, for he has, through neglect, stunted those faculties which derive pleasure from contemplating the happiness of others, and he has, through indulgence, unduly developed those propensities which derive satisfaction from his own gratification. It is the purpose of the high intellectual and moral faculties which man has, and which exalt him so far above the rest of the animal kingdom, to make him feel that he lives for the good of mankind, for the good, in very truth, of nature generally, and therein to subjugate and hold in check those propensities by which he rates too highly and loves too much himself, and by which alone the animals are governed. To afford such exalted faculties their right exercise is to live a life moral, intelligent, and useful to his kind ; and after such a life he may faithfully and fearlessly await the inevitable event, welcoming the grave-digger as the kindest of friends, who shall open to him the gates of his everlasting mansion.

“ Inveni portum. Spes et Fortuna valete !  
Nil mihi vobiscum : ludite nunc alios.”

“ Mine haven 's found : Fortune and Hope, adieu !  
Mock others now ; for I have done with you.”—BURTON.

## BIBLIOGRAPHICAL.

---

*Die Brandstiftungen in Affecten und Geisteskrankheiten : ein Beitrag zur Gerichtlichen Medicin für Juristen, und Aerzte.*  
Von Dr. WILLERS JESSEN. Kiel : E. Homann. 1860.

*Incendiarism in Mental Affections and Diseases : a Contribution to Legal Medicine, for Jurists and Physicians.* By Dr. WILLERS JESSEN. Kiel : E. Homann. 1860.

[Continued from page 70.]

THE historical survey of the subject of pyromania by Dr. Jessen, occupies fifty pages of the work before us, and is of much interest. Our space, however, will only allow us to give this portion of it a passing glance. What most surprises us, is the amount which has been written on the subject in Germany, during the last half century, and the great number of highly instructive cases which the writers have brought forward in illustration of it, many of which are given complete in this historical survey of the subject by Dr. Jessen.

Historically, Ernst Plattner is regarded as the first writer on pyromania. Others before him have alluded to the subject, but they have been forgotten. Plattner alone, between the years 1797 and 1809, published ten distinct monographs on the subject, of from 50 to 150 pages each ; which it is scarcely necessary here to mention. Others followed, but as most of them have already been alluded to, we pass over this highly interesting historical view, and the many curious illustrative cases given by the various writers referred to, and come at once to Dr. Jessen's first division of his subject ; viz., " Incendiarism in the Affections or Passions of the Mind."

This branch of the subject, under its different heads, is illustrated by more than fifty curious and highly interesting cases fully reported, some of which we propose to bring forward in the proper place.

" The impulse to burn," says Dr. Jessen, " in healthy individuals,

arises partly from selfish motives, and also predominates from an intelligent act of the will, without strong emotions of the mind, and partly from passions under strong emotions, rendering the criminal deaf to all consequences of the acts.

The first class of motives, (as the wish to obtain a sum of insurance money, to get an opportunity for larceny, to hide crime, &c., &c.) have no psychological interest whatever; a knowledge of both, however, is of importance in the separation of normal and abnormal mental conditions.

The passions which in healthy individuals give rise to incendiarism, are revenge, jealousy, fear, dissatisfaction, home-sickness, and wantonness. That these passions, as for example, dissatisfaction and home-sickness, are not hard to discriminate, or that they may be allied one with another, as wantonness and revenge, is quite evident; but there are also cases in which one single passion gives rise to the motive.

Further, it is to be observed, that within the normal conditions in which the designated passions operate, a multitude of gradations in mental conditions appear with different criminals, and that through these a gradual transition into conditions of mental disease takes place.

### I. REVENGE.

In illustration of incendiarism from this passion, Dr. Jessen gives us eleven fully reported, and highly instructive cases, and from among these we select the following, not that they possess any peculiar interest above the others, which space will not allow us to translate, but as examples of the whole.

*Hans N., aged 33 years, day-laborer: Incendiary from Revenge.*  
—H. N., of K., on account of the great poverty of his parents, had from his childhood up obtained his bread and lodgings with the greatest difficulty, and for the same reason had received so little schooling that he could not so much as read and write, and had only a most imperfect idea of the ten commandments. The Lord's prayer, which he took care to repeat every evening, and his notions of duty, he might have learned from other good children.

Upon one of his begging excursions, which sometimes caused him to be absent for days together from his home, when about 14 years of age, he came to the house of D., a small farmer, about one mile from K. Here he was very badly received by the two sons of D., one of whom subsequently succeeded his father, and the other lived with him. They set upon him with dogs and whips, and in his flight he was bitten in the calf of his leg. He heard, moreover, that poor people had frequently been treated in the same way there. From this time forth he continued to hold a strong grudge against the brothers D. in his heart, and often thought he would revenge himself upon them by fire; in the mean time his conscience prevented him from doing so.

For several years afterwards, confirmed in the knowledge of poverty, he maintained himself by daily labor, or by hiring out as a servant, and as such, people were in general satisfied with him. In his twenty-first year he married a good and virtuous maiden; and as they remained childless, and were industrious and excellent laborers, and orderly livers, they became in comparatively good circumstances. In the autumn of 1853, about twenty years after the above-mentioned circumstance, N. one day saw the young man D., in K., upon the street; and though this was by no means the first time he had met him, although he had, up to this day, never so much as spoken to his wife of the long-passed occurrence, and of his hatred of the brothers D., and though nothing had taken place in the mean time to rekindle his hatred of them, there arose in him immediately on this interview, a strong impulse to gratify his long-cherished revenge. Towards evening he gave his wife to understand that he was going out to gather fuel, but took the road leading directly to the house of D., where he arrived about 10 o'clock. In order that no human life should be endangered, he determined to set fire to an isolated barn, and from the same motive he thought the calm evening particularly suited to his purpose. He entered the slightly secured barn, set a heap of straw on fire by means of tinder, and hastily withdrew. Looking back on the way he saw the barn standing in flames, and was seized immediately with repent-

ance and remorse. His wife, who questioned him closely on his return, he answered in monosyllables ; said that he had been chased away, had not been able to obtain any fuel, and appeared, on the following day, entirely changed, very quiet, and almost dreamy. When asked if he was sick he replied in the negative, but began to drink, in order, as he afterwards said, to drown his remorse. It was probably in a condition of drunkenness that (about the 20th of January) he pilfered a board from a wagon, the owner of which had refused him work. For this offence he suffered imprisonment for the space of three days. The entreaties of his wife and the admonitions of his father induced him to forego drinking, but he had to contend constantly with the thought that he must give himself up to the court, was dejected and adverse to labor. He scarcely spoke, sat with his head sunken down, and silent, or walked up and down for hours together, scarcely seemed to hear when spoken to, and, when abroad, could only with difficulty be induced to return.

Finally, about the 4th of April, 1854, he went to B. to the sitting of the court, in which circuit he had begun his criminal career, under the pretense that he had a letter to convey there. Here he passed the night, announced himself on the morning of the 5th to the court, and immediately made a full and open confession of his guilt, whereupon he felt more quiet. He was condemned to serve four years in the penitentiary.

Though the character of the offender was peculiarly reserved and obscure, no one, Dr. Jessen thinks, will for a moment doubt either the mental health of the man, or that revenge was the sole motive of the deed.

The long endurance of the feeling is not without analogy to that which most individuals have observed in themselves. Abuses suffered in childhood are held exceedingly long in remembrance, and the grudge, when one can see the injustice of these clearly, is sometimes made stronger. The sudden, outward, and irresistible overflow of ill-will manifested in the action, remains inexplicable. In the mean time these actions must be received as remarkable, and well worthy of careful consideration. They show how cautious one must be in cases where no *causa facinoris* appears to have preceded.

*Carl H., 15 years old, peasant-boy: Incendiary from Petulant Revenge.*—C. H. was the son of a peasant, and had received ordinary schooling, whereby his mind, of only middling capacity, was with difficulty somewhat cultivated. He had also received the necessary religious and moral training. Bodily he was completely sound, and normally developed, and only differed in general from an ordinary healthy peasant-boy in his slothfulness and obstinacy. After having been kept for two years by a miller, who received him out of pity, as an orphan entirely destitute, he was one morning punished by him on account of negligence. On the evening of the same day, as he was allowed to make a pause in threshing, he went into the dwelling-house, took a burning coal from the oven, put it in his apple-basket, took it to the hay-loft and threw it into the hay. He then placed himself upon a beam above the threshing-floor, and, eating apples, looked fixedly towards the hay-loft, from whence the flames should arise. As these broke out he called anxiously for his foster-father for help; wept, and half succeeded in extinguishing the flames. Three buildings were burned down.

He lied long, but finally made an open confession, according to which the desire to play a trick upon his foster-father was the only motive for the deed. The physicians found him completely sound, yet sexually undeveloped, and pronounced him completely accountable. He was sentenced to three years confinement in the penitentiary.

This, though but a short abstract, leaves no room for doubt that petulant revenge, and a childish disregard of consequences, were the sole motives for the crime.

*Franz D., 30 years of age, peasant: Incendiary from Jealousy.* 23 Nov., 1852.—Franz D. had for the space of four years stood in the relation of lover to Maria F.; had begotten a child of her, which died shortly after birth, and had sought to marry her, but was hindered from doing so by the embarrassed state of his affairs, and the expressed opposition of his father. Unexpectedly he heard that the bans of matrimony between his beloved and Anton L., a widower in good circumstances, had been published in the church. He therefore



hastened to her, but, as she feared his capricious and wrathful character, she encouraged him with false promises that every thing was different from what he supposed, and afterwards kept him in suspense. On his part he took pains zealously to whisper about the impediments to the marriage of one that belonged to him. Notwithstanding the assurances to the contrary, he perceived that on the 7th of Nov. the marriage bans were called a third time, and on the following day he saw the wedding procession pass by his own dwelling.

On the following Sunday, the 14th of November, as he was walking alone in the woods, and reflecting on the breach of promise of his beloved, the thought of setting fire to the dwelling-house of Anton L. first entered his mind, in order "that as he could have no more from his beloved, she might not be able to have any thing from there." But before this he would speak with her once more. Therefore, on the 23d of November, at 6 o'clock in the evening, he took the road leading to the dwelling of Anton L., distant about two leagues.

About fifteen minutes before arriving at the end of his journey he felt unwell, and *therefore lit his pipe*. As the light in the house had just in the mean time been extinguished, and moreover as it began to rain heavily, he went into the barn upon the threshing-floor. As his pipe had gone out, he put it into his breast pocket, after first taking the precaution to pour out the tobacco juice, but not the ashes, and threw himself down upon the straw, and lay for some time, partly slumbering and partly meditating. He then went to the barn-door to satisfy himself that the rain had ceased, returned, took his hat and went again to the door, when, under strong irritability, the thought of burning again overcame him. In consequence of this he threw three burning matches upon the straw, which directly took fire, and he thought "now what will may happen," and went home. On his way there, he looked back and saw the barn, which was completely burned down, standing in flames. Nevertheless, he went quietly to bed. Suspicion fell upon him, and he immediately gave intimations of his guilt. Subsequently he sought to modify somewhat the confession, but it came round finally to the same thing.

He did not seem to feel the magnitude of his guilt, for he wondered why people should ask him how he could go quietly to sleep after the deed, and awaited his sentence with much indifference. Many witnesses testified that before the marriage he was easily excited, and had become melancholy, but no one had observed traces of madness in him. The medical opinion was to the effect that he was a man who had become excited through the circumstances and his subjective condition, and who, at the time of the perpetration of the crime, was in a state of *modified accountability*.

The court, in consideration of his former blameless life, but, more especially, as he was driven on to the commission of the crime by a condition of mind brought about by what were to him most painful circumstances, sentenced him to be imprisoned for eight years (instead of for life).

The above case is for certain reasons particularly interesting, as it renders the operation of jealousy in bringing about an act of incendiarism, evidently without any marked psychical anomalies, very apparent. It can hardly be regarded as an example of incendiarism from envy, although it is scarcely to be doubted that the same might be brought about by that passion.

## II. FEAR.

To incendiarism from fear belong, says Dr. Jessen, in the widest sense, all those cases in which an attempt is made to destroy by fire all traces of a former crime. We select the following from his cases illustrative of this :—

*C. S., aged 29, servant-maid: Incendiary from fear of discovery of Larceny.*—C. S. was the daughter of a poor schoolmaster. She was diligent at school, and belonged to the church, and after her confirmation, in her fourteenth year, she entered service. Nearly all the testimony of her various employers was to the effect that she was disaffectionate, negligent, disobedient, impertinent, untruthful, and given to petty larcenies. In her twenty-fourth year she became pregnant, and after her confinement she was received into a hospital. After this she again entered into service as a housekeeper with B., a pro-

fessor in J., with whom she remained two years. Yet he was dissatisfied with her on account of her lying, and ill-natured conduct toward his children. But she understood well how to prolong her term of service; sometimes through petition, sometimes through cunning, and even sometimes by anonymous letters, by means of which she would frighten away those whom B. thought to receive into his service. Nevertheless, B. dismissed her at last, without having employed another to take her place. Thereupon she packed her articles of clothing, but in doing so put a number of things belonging to B. with them in the same satchel, which she left behind with a neighbor. When she sent for them, after a number of days, she received for an answer that all was not in order, and she must therefore come herself. Hereby she readily perceived that the embezzlement had been discovered. Her relations, to whom she had gone, urged her to go and bring her satchel, and as she had no pretext to shield her from this painful course, she determined, on the eleventh of May, to do so. On the morning of this day, she resolved to set fire to B.'s house, in order that she might be able to say to her relations, that she could not obtain her satchel by reason of the fire. She also concluded that, under the circumstances, B. would not further prosecute the cause against her, if she could only avoid meeting him in the way.

Therefore, provided with two matches, she took the road leading to J. On the way she had, according to her own declaration, a frightful anxiety, and could only pursue her journey very slowly. Soon the thought came to her, "Let it alone;" then again the thought, that only by this means could she free herself from the confession of the larceny, and was thereby again driven forward. In the evening, about 6 o'clock, she reached a stone-pit in the vicinity of J., where she remained sitting in deep thought till 9½ o'clock. From here, she took her course to a loft in B.'s house, after resting another half hour by the way, where she remained sitting on the straw till 11½ o'clock. She then took some washed clothes hanging in the loft, again sat down, and fell asleep; as she was awakened by a heavy storm she thought, "You should now let it alone, and by so doing no

one else will become unfortunate." She sat for a long time, her mind occupied with foreboding thoughts, and finally, when about 3½ o'clock, she took steps to accomplish the deed. As the first match broke in striking it, she again thought, "Give it up; God will not have it;" but alas, the evil impulse got the mastery of her, and by means of the second match she set fire to the straw, and withdrew. Soon the thought entered her mind, "Oh, if it is only discovered sufficiently early to prevent other buildings from being burned down, and that no human life be lost!" The anxiety became intense, and drove her forward, but alas, she could not get on as fast as she wished, for it seemed as though leaden weights were hung to her feet, and as she walked under a flight of stairs she was so much exhausted that she had to sit down. After a few minutes she set forth on her way again, and soon heard the cry of alarm from the night-watch.

The washing which she had taken with her from the loft, she hid in a bush near the house of her relations, where it was soon found. Her disposition, which before the act had not been good, appeared after this to be yet more changed; she was more unquiet, despondent, and disposed to solitude.

On the fifteenth of May she returned again to J., and there received a testimonial from B., and upon this sought to obtain another service; but as she was unsuccessful, she finally repaired to a brother-in-law living at a distance, where soon after she was arrested.

After some evasion, on the second of July she made a complete avowal of the act, and afterwards made these confessions, and added, with many tears, that she comprehended how great the disaster might have been; that she could not excuse herself; that she alone had been guilty of all and must suffer the penalty. Therefore, before giving in her acknowledgment she would make no apology for herself. Afterwards she was visited several times by a minister, who showed much incapacity in his dealings with her; she recalled the confession that the deed had been done solely through fear of the enquiry.

She further maintained that a police officer, who conducted her from one prison to another, and whom she had scratched in criminal

intercourse, had used violence upon her; and finally began to simulate morbid appearances. She complained of anguish, pain in the head, coldness of the extremities, and of all kinds of visions and disturbing noises. For a long time she simulated the appearance of one possessed by the devil, took on convulsions, gnashed with her teeth, filliped with her tongue, &c., but she gave up this at times, on being admonished, and at other times through weariness and disgust.

The foregoing symptoms may therefore be reduced to the following: At night she could not sleep well. This she accounted for by declaring that she was so great a sinner that she could neither sleep nor rest. By night, she said, there always seemed to be ghosts before her eyes. Formerly she had never suffered from mental disturbances. She had indeed suffered from a nervous fever, "breast-fever," and an eruptive disease in early youth, and later had suffered from rheumatic pains in the head, but had otherwise been quite healthy. The medical testimony declared her fully accountable.

The court sentenced her to death; whereupon, from free impulse, she recalled what she had previously reversed. Her sentence was subsequently commuted to imprisonment for life.

This case is very interesting, partly because it shows clearly the incendiary act springing up from fear, and the condition of mind of the criminal both before and after the deed, and partly because it furnishes an instructive illustration of the fact that it is not possible for any criminal long to simulate. Her condition in the prison is readily accounted for by the anxiety of the prisoner.

### III. DISSATISFACTION. (*Unzufriedenheit.*)

Under this head Dr. Jessen has given us eight fully reported, and, like the others, highly interesting illustrative cases, with remarks upon the same. Space will only allow us to translate the following, which we select at random, as an example.

*P. P., aged 17, servant-boy: Incendiary from Dissatisfaction.*  
—P. P. sprang from poor parents, and had received but poor school instruction; but early as a boy had been quarrelsome and lying.



Soon after his confirmation, at Easter, 1834, he entered the service of a landholder, in a neighboring village. He sought from the first to make his relations to his master disagreeable, and his master suffered him to quit his service, after giving him a blow for the loss of a plowshare. It subsequently turned out that he had put the plowshare into a drinking hole, in order to get clear of work.

In a second service into which he entered the same summer, he remained until Michaelmas, when he returned home, and remained there for the winter. On the 4th of April, 1835, he entered the service of one Lindegard, but directly on the following day feigned sickness, and was allowed to leave, and did not return to service till the 11th. On the 12th, L. went with his family and the hostler to church, so that only P., the servant-maid, and an old woman remained behind. Early in the morning P. had determined to free himself from service by incendiarism, and immediately after the departure of every one, set himself about its accomplishment. He took down hay from the barn upon the threshing-floor, furnished himself with matches, took a stick of kindling wood from the hearth under his coat to the floor, laid it upon the straw, and set the straw on fire with a match. The straw caught fire and communicated it to the clover hay, yet notwithstanding it threatened to go out, whereupon he nourished it with clover hay, lying about.

And now, after all stood in light flames, he left the threshing-floor, and bolted the door from without; whereupon, to avoid suspicion, he repaired to the kitchen and commenced polishing his boots. As the fire was shortly afterwards observed, he ran into the village to obtain help. In the mean time all the farm-buildings were burned down, and a number of persons had their lives greatly endangered. P. repented the loss of his own small chattels, but, by means of presents, received complete compensation. His deportment during the fire was so unembarrassed that he drew no suspicion upon himself, but was suffered to return the same day to his parents, with whom he remained the rest of the summer. He had no cause to complain of the treatment he had received; the only motive for the incendiary act was the wish to return again to the house of his parents.



In October, 1835, he was put into the service of Claus Jurgensen. Here, on the first day, he complained of all manner of pretended evil. On the fourth day he startled his master with the following notice inscribed upon the barn door: "*Claus—if you do not allow the youth to go away, in a few days your house will be burned down*"!

As the youth had given him due notice, he concluded to part with him, lest his house might really be burned down, and he therefore suffered him to go home, but laid the information before the court, suspecting that some other house might really have been burned down. Hereupon, being arrested, after the most lengthened denial, he confessed, first, the threat to burn and his intention to do so if he had not been set free, then the former act of incendiarism.

According to the observation of both ministers and physicians, P. was wholly sound, showed good abilities, and even very good religious knowledge, but on the contrary, great deficiency of moral feeling, and great thoughtlessness. He also confessed to the minister without compunction, that he was impelled to the commission of the crime solely by the wish to free himself from a most hateful service.

He was sentenced to death, which sentence was subsequently commuted to imprisonment in the penitentiary for life.

Here, also, the normal condition of the criminal is not to be doubted. This case can not be ascribed to homesickness, and mental disease is out of the question, but only to the dissatisfaction and the displeasure of service. Not unfrequently in the lower ranks of life, are parents tormented by such ill-bred sons wandering from the paths of virtue and morality. It would be contrary to experience to attribute all such cases to homesickness, from which they differ in certain special phenomena, as is known, and will be further seen as the author now comes to treat of that special affection.

#### IV. HOMESICKNESS.

That incendiarism may spring from pure homesickness, we have the authority of Damerow, Flemming, Casper, and Dr. P. Jessen, the distinguished father of the author of the work before us. Dr. W. Jessen in this brings forward the following curious, illustrative cases:—

*N. N., 9½ years old, nursemaid : two murders, and one house-burning within five days, from Homesickness.*—N. had been seldom sent to school, and was therefore far behind in instruction. She was sent to service in Ernstbrun, (near Vienna,) distant about a league from her home. Soon she became afflicted with homesickness, prayed her mistress to be dismissed, and on refusal ran away to her mother, and declared that she should die crazy away from home. But as she could not complain, either of her mistress or the service, she was sent back by her mother with the reprimand, that she should not dare to come home again unless the child she had the charge of should die. Several days after this the child was seized with convulsions and died. The next day, (Sunday,) N. took up her bundle and would go home, but her mistress was not willing. The same day her mother came and commanded her to remain, and take charge of a boy three years old, although she cried and east up to her that she had broken her promise. Thereupon, on Monday, there broke out in a building near the dwelling-house, a fire, which in the mean time could scarcely be extinguished. On Tuesday the mistress, who had an hour before left her boy quite well, found on her return N. quietly at the table, with an open catechism before her. She asked after the child, when N., pointing to the bed, said, "I have not done anything to John ;" whereupon the lady went to the bed, and found the child covered with pillows and quite dead. Her suspicion was at once fixed upon N., who was with difficulty rescued from her fury. Given over to the court, she said as follows : "In Ernstbrun I was not pleased. I longed after my parents. I thought after the death of the little child I should be allowed to go home ; therefore I choked it with a rag till it was quite blue, but I took pity on the child and took away the cloth again, but it became cramped and died. As the people would not let me go home, I put fire in the building near the house, hoping that when house and out-buildings were burned down these people would have no further use for a nursemaid. As I had not accomplished my purpose by this means, I laid the boy on the bed, covered his face with pillows, and sat down upon them till he ceased to move." She did not show the least repentance, conducted herself

under arrest and during examination as unembarrassed and childlike, "as though she had merely wrung the neck of a sparrow," and only asked why the people would not let her go home to her parents. She had from her mistress the best testimonials in respect to her affectionate intercourse with the children, and in her manner and expressions when questioned as to whether she had comprehended the consequences of her actions, showed the sharpest discernment, and, for one of her age, uncommon talent. She was sentenced to be punished with ten strokes of a rod in presence of the school-children, and given over to her parents, who were instructed to keep special watch over her. By imperial command she was received into an orphan asylum in Vienna, where she shortly after died of a nervous fever.

There is much that is obscure in the relation of the above case. As the child was not displeased at her service, it is pretty certain that homesickness, united perhaps with imperfect insight and sympathy, urged her on to the commission of the crimes.

*Johanna Phillipp, 14 years old, servant-maid; physical disturbances, mental weakness: Incendiary from Homesickness.*—J. P., daughter of poor but honest parents, was, as a small child, sickly, subsequently tolerably sound, yet serofulous, weakly, tall and slender; had a weak breast, and a lateral curvature of the spinal column, swelling of the eyelids, &c. She was serene, good natured, lively, peaceable, but disorderly, sensitive, and given to small lies. Although held in good estimation at school, she had, by reason of her weak powers of understanding, obtained but a small amount of knowledge.

On the 13th of April, 1841, having entered into service with a good master, she became very violently homesick, wept much, frequently ran away home without permission, and only through the most urgent necessity, and by a better disposition of mind, was induced to return. In consequence of the threatening of her master, and the earnest lecturing of her father, she exhibited, about the 24th of this month, the strongest indications of mental disease. For a long time, aside from weakness, faintness, pain in the head and gid-

diness on rising up, she had complained of anxiety and restlessness. The feminine evolution had scarcely begun, and menstruation was entirely deficient. On the evening of the 1st of May, having been taken to task by her employer for again running away home, she lied repeatedly, but was finally excused, through a notice on the part of her mother. Forthwith she formed the design of burning, and for this purpose she furnished herself with a small earthen vessel, which she carried about with her in her pocket. Awaking about 6 o'clock on the second of May, she felt weak and giddy in the head and took a few Hoffman's drops, and shortly after she carried, by means of the small vessel in her pocket, some glowing coals to the barn, threw them into the hay, and returned back to her room. In about ten minutes the alarm of fire was raised, and she hastened to her employers without thinking to save her own bundle, which was burned. After the mistress had brought out the youngest child and given it into her charge, she took the opportunity to throw away the small vessel she had used in conveying the fire. Questioned repeatedly, she denied all knowledge of the origin of the fire, wept much over the loss of her bundle, but was brought to a full confession by the finding of the earthen vessel. She declared she knew no reason for her deed; her employers had done her no injury; it was very bad in her, and it seemed as though some one had stood by her and said to her that she should set the building on fire. She gave the physicians to understand in the mean time that the homesickness had never left her, and that the deed would not have been done if she had had any fear of its discovery. She was sentenced to three years imprisonment in the house of correction, and immediately entered upon her term.

Here she was despondent; showed earnest repentance and regret in view of her situation, but no homesickness. The complaints mentioned as existing beforehand soon vanished, and were replaced by congestion of the head and chest, which also disappeared spontaneously, or perhaps more in consequence of medicines given to expel round worms. She always gave the longing after her home as the only motive of her deed.

The sexual evolution, up to the 30th of March, 1842, had made but little progress.

The medical opinion was unanimous that there was no mental disease, yet but limited accountability. She was sentenced to three years servitude in the workhouse, which was subsequently modified to confinement in the house of correction for female offenders.

*Juliana Krebs, 14 years old, nurse-maid, sickly: Incendiary from Homesickness.*—J. K. sprang from poor but honest parents, who brought up their children well and strictly. One of her sisters was lame, one of her brothers deaf and dumb, and she herself weakly, faded, and scrofulous. She suffered much, particularly from pain in the head after bodily exertion, and often from swelling of the glands of the neck, pain and ringing in the ears, with discharge; and in school from nervous irritability, and pain in the head, and relaxation. She was weak, peaceable, industrious, and generally beloved. Her conduct was praiseworthy, her understanding moderate, yet sufficient for the acquisition of necessary knowledge. Her appearance was simple and natural, yet she inclined to credulity and superstition.

About Christmas, 1841, she obtained for herself a service as nurse-maid, with the peasant B., and entered upon it Jan. 7th, 1842, after having first received recommendations from respectable persons, couched indeed in doleful terms, but expressing hope. She was well paid, not oppressed with work, only urged on a little at times by the housewife, and cut short in her childish prattlings and curious questionings, which she sometimes felt sorely; besides, strange people told her she would have a heavy service, and finally she had to sleep alone, being quite unaccustomed to this. Although latterly, both before and during the service, not suffering, she was soon seized with anxiety and homesickness. She wept much silently, lost her appetite, but was shy in making known her condition. This uneasiness was increased about the 11th by receiving an irritating answer from her mistress, and by awaiting in vain the expected arrival of her mother, whose voice she fancied she could hear.

In this condition, about noon, she conceived the idea of burning, and the manner of accomplishing it, without knowing on what grounds such thoughts should spring up. She did not seek to disperse these thoughts, but about three o'clock she threw a burning coal into a loft filled with combustible materials, with the thought, "It may burn or not; if it burns 'tis no matter to me." She took no further thought about it. She returned to her work. Half an hour later she hid her satchel under another for a short time, and was suffered to go home; appeared quiet, and denied all knowledge of the thing. She was also sick at home, had no appetite, complained of pain in her head and limbs, and kept her bed for a few days.

On the 18th of February she first confessed her guilt to a gendarme, and on the following day she confessed to a magistrate, who examined her that she had done the deed from homesickness; that she had done it through foolishness, and would not do so again. She appeared to be very sickly and chlorotic; complained of pain in the head, strong ringing in the ears, and likewise had a vision when in the prison. She sprang suddenly from the floor with the outcry, "Dead bodies are running around here," and immediately added, "Lord, God! what kind of a crack was that in my ears?" Precisely what had passed before her at this time she could not afterwards remember.

The bodily evolutions began first in the prison, but menstruation entirely failed. It was the medical opinion that the burning was a childish act, brought about by an irresistible passion, (homesickness,) and was the effect of long years of sickness and nervous irritability.

Judicially, she was regarded as unaccountable, and was placed under the superintendence of the police in her native place.

This case resembles much the preceding, only it manifestly shows a wider and more accurately marked pathological development, and that this was taken into account by the physicians and judges is apparent from the sentence. "The condition of this criminal," says Dr. Jessen, "belongs to a middle or transition state, between psychological soundness and decided disease."



## V. WANTONNESS.

(Petulance, Mischievousness, *Mutwill.*)

That incendiarism may be caused by pure wantonness, observations do not permit us to doubt. In the mean time it is evidently inadmissible to attribute an action to wantonness, when its character and the disposition of mind which prompts it are not sufficient proof of this. We must observe carefully, then, with the diversified forms of mental disease; for example, with weak-mindedness, a great inclination to mischievous actions is often apparent. Actions from wantonness do not therefore necessarily spring from normal mental conditions.

In illustration of incendiarism from wantonness, Dr. Jessen brings forward five cases. We can only translate the following:—

*Adolph Koppe, aged 14 years: Incendiary from Wantonness.*

—A. K. was the son of a day-laborer: in stature somewhat dwarfed, but quite sound. He could express himself clearly about ordinary things, and could also read and write, but could not repeat the meaning of what was read. He appeared, when compared mentally with other boys of his age and condition, not much deficient.

He was sent out a good deal by his parents to obtain victuals. The way led through a common, in which there stood a wooden hut. In passing this, in August, he observed that there was straw in it, and he thought it would be fine if the straw could be set on fire and burned; but could not satisfy his desire at the time from not being furnished with a tinder-box. In a few days he again came this way, now furnished with the necessary materials for burning; waited about half an hour for a woman who was employed in the field to go away, and then set the straw on fire. As the flames rose up he was sorry for what he had done, and sought to smother them with earth. As he could not accomplish this he went about his business. As a portentous forest fire arose, he was questioned directly about it, and gave out that he had accidentally let fall a piece of tinder in the hut. Subsequently he confessed fully. He affirmed that he only intended to burn the straw, and would most certainly

have let this alone if he had known beforehand what a great fire would arise from it. He was unable to give any other reason, but on the mention of his transgression became very much embarrassed.

The judgment was that he was fully accountable, in so far as accountability is attributable to a boy of his age. He was sentenced to receive corporeal punishment to the extent of twenty lashes.

*Andreas Gless, aged 17 years, servant, weak-minded: Two attempts at incendiarism from Wantonness.*—Of the early years of Gless, nothing is known. Of awkward appearance and stupid physiognomy, he had generally conducted himself well and given no cause of complaint. His grown-up conduct was ordinary, but childish, and at times he seemed not to comprehend what was said to him. Often when working he seemed to sink into contemplation, and only resumed his work when spoken to. His memory was good, he knew how to distinguish good from evil, and later, in the school of the house of correction, he made good progress in reading, whereas before coming here he had scarcely known the alphabet. Here, likewise, he often began to show himself thoughtless; for example, for a quarter of an hour he would play with a small stick in his hand, till he was aroused. He appeared to the deponents weak-minded, or deficient in mental development.

The first attempt at incendiarism was made on the house of a neighbor, by putting a live coal under a tile in the wall and sticking a handful of straw to it. Hereupon he stationed himself at a distance, and waited in vain for half an hour, for the breaking out of the fire, and then went to bed without removing the materials, which were afterwards found. Subsequently he gave as a motive for the act, that the neighbor's maid had insulted him.

He made the second attempt at incendiarism in the house of his master. Being casually alone in the kitchen, he took one end of a lighted stick in his mouth, went with it to his sleeping place above the pig-stye, and crept down into this through an end-hole. Hereupon the burning stick became too hot for him, and he spit it out and broke the coal into small pieces which fell down deep into the

straw. Full of anxiety he crept back, sprang down into the yard below, and went into the barn to hide himself in the straw, but remained there bound fast by anxiety till the fire blazed up, whereupon he called the servants. Being suspected and arrested, he made next morning a full confession. A motive for this second attempt he could not give; the burning of the building he said gave him no pleasure, and no person in the house had abused him. At another time he said, "It came thus into my head." And moreover "he had at a former fire seen that all the people ran together, and he wished once more to see if all would run together in the same way."

At the sitting of the court of assize in Cologne, he sought to represent himself as crazy, but in this he proceeded very awkwardly. At times he would not know the simplest things; at times he would give the most silly answers. For example, to the question how he came in the stye, "I stand by the Rhine; there should indeed be a great bridge," etc.

As the presiding officer of the court said he could play the fool, but that the witnesses would settle that point, he replied very naively, that he was indeed a fool, and that the whole corporation would testify to that for him.

The jury pronounced him guilty, but commended him to the mercy of the King.

Many cases equal in interest to those here brought forward we would gladly translate, together with Dr. Jessen's remarks upon the same; but the space already taken up precludes the possibility of our doing so, and we now take leave of the author's first division of the subject. The remaining 200 pages of this admirable monograph, which we propose to examine in future numbers of the *JOURNAL*, are devoted to incendiarism in mental disease proper.

## S U M M A R Y .

---

DR. RAY ON MORAL INSANITY.—Many of our readers will open with interest to the second article of this number, in which Dr. Ray defends the doctrine of moral insanity. We are sure that none will, as the writer fears, regard his labor as one of supererogation. When he cites the decisions of courts, the opinions of medical men “of some professional eminence in other branches of the art,” the short-sighted views of moralists, and the sentiment of the cultivated classes, to show the teachers of moral insanity “how limited has been the reach of our boasted advances in psychological science,” we are not surprised. This recognition that the great mass of authorities are adverse to his doctrines, with much bitter reference to prejudice and ignorance as the source of such opposition, marks the first pages of Dr. Ray’s *Medical Jurisprudence of Insanity*, and is only too prominent in all his subsequent writings. But when it is said, also, in regard to moral insanity, that “of late years a dissentient voice has occasionally been heard from the bench, the bar, the medical profession at large,” etc., we are forced to doubt whether the whole truth is represented in such a statement.

Perhaps, however, as Dr. Ray supposes, this is of small importance, as compared in its mischievous effects with that diversity upon this subject which exists within the specialty of mental medicine. Now it is submitted here that we do not greatly contradict one another in regard to sensible phenomena, or the fidelity with which they are observed. Respecting the “facts” of insanity there is no very considerable disagreement. The term moral insanity, in the meaning attached to it by Dr. Ray, is mainly a judgment based upon certain admitted facts. The great diversity is in respect to the interpretation of these, and the proverbial difference of human judgments is surely sufficient reason why we should not feel degraded because of it. That this is a true statement of the case must be inferred

from the nature of Dr. Ray's defence, in which moral insanity is discussed from the point of view of the objections to the doctrine. To bring forward affirmative arguments in behalf of any theory is a much more convincing method than that by which a writer meets objections of his own shaping and selection; and this is especially true where scientific accuracy is supposed to be attainable, and where facts may be appealed to as final. Indeed, mere reasoning, and the notice of objections to a doctrine, are sheer impertinence where sensible facts alone are concerned. Why then, we might ask, is not a history of cases of moral insanity submitted? It can not be forgotten that in his treatise, almost the only American book cited in behalf of this doctrine, Dr. Ray does not give a single illustrative case observed by himself, while he admits that Pinel's cases, which are freely quoted, "by no means furnish suitable illustrations of the affection now styled moral insanity."

This leads us to notice a feature of the method of Dr. Ray and his school, which appears to us objectionable in the last degree. It is the constant use of positive terms, and the assumption of scientific exactness, in treating of the relations of mental disorder. As though the facts and conclusions on this subject were the same in kind as in physical science, Dr. Ray claims for psychologists the office of "interpreters of nature," and dwells upon their "scientific conclusions," "scientific character," and "scientific inquiries." And this while philosophers are painfully striving to discover the first principles of those laws which govern the relations of mind to the material organ! He admits, at the same time, that "mental phenomena never have been, and never will be, designated with the same sort of exactness as those of the material world." Then why ring the changes upon such phrases as "disease," "morbid action," "irresistible impulse," in the use of which the very points in question are coolly assumed as positive facts? To arrogate proof under the shallow disguise of imposing but indefinite terms, we had supposed was left to medical quacks and theological dogmatists. But with Dr. Ray, "disease," impelling one "irresistibly to the commission of crime, the intellect in the mean time being perfectly conscious of and abhorring the

act"—which latter is certainly a wonderful condition for the intellect to be in—"is a fact too often witnessed to be denied!" We cannot think it strange that lawyers denounce such language as absurd pretension, or, perhaps laugh at the theories which would require it as "crotchety or visionary."

We have not, however, to review Dr. Ray's paper, and refer to it in this place mainly to defend ourselves against some grave charges of inaccuracy in matters of fact, and of vague and uneandid statements. Why, after having noticed the objections to the doctrine of moral insanity, "in a strictly scientific discussion," it was necessary to refer to the objectors, is not so clear. One purpose, however, it would seem, is to protest against the hearing of any argument or opinion from lawyers, or medical men who have not had special experience in insanity. As regards the latter class, its exclusion would shut out the larger part of the most celebrated writers upon the subject, and is not to be thought of. Two of the names cited by Dr. Ray on the side of moral insanity, Dr. Prichard and Dr. Combe, are of this number. Neither can we see with what reason the opinions of moralists and lawyers upon this point are sneered at or ignored. It is not a matter of "scientific curiosity merely," as Dr. Ray admits, that is in question. The important point in dispute is in regard to the practical justice and utility of the definition of moral insanity. And the cases in which this has any interest are those only in which there is a reasonable doubt whether the mental manifestations have their origin in sin or disease. Now, if it is not too much to admit that moralists and lawyers are, perhaps, as good judges of the workings of the vicious, as we of the diseased, mind, it is plain that they are equally concerned with us in the discussion of these doctrines.

But, however this may be, the sneers at the writers named and alluded to by Dr. Ray in his paper as "amateurs," and "theoretical," are without valid excuse, and only serve to "degrade the dignity," not to say decency, of the "scientific character." To confess thus much is due the distinguished gentlemen whose names are permitted to appear as they do in this journal, because we have not thought it worth



while to depart from our custom of publishing the papers of members of the speciality upon their own responsibility. We are a little amused at the mistake of Dr. Ray in quoting from a paper inserted editorially in these columns, when he alludes to the learned and experienced jurist who wrote it as the giver of "sage advice, in all the freshness of ingenuous innocence." But such writing is badly calculated to further "successful scientific pursuit," and the facts in support of the school-boy's excuse, that he "did not begin it," are not, we are sure, generally known. Some twenty-five years ago, while yet at the beginning of his career as a practical psychologist, Dr. Ray wrote the treatise which has given him deserved fame. Containing, we think, not one original case, and without any claim to originality in its doctrines or method, this production of an "amateur," was received with the credit due to the learning and ability which it displayed. It will be said, we fear, that the "great cattle" of our profession, like so many of their class in others, repose beneath the shadow of a name, "chew the cud and are silent," except at some fancied invasion of their domain, when anything but a bovine mildness of temper is manifested.

A few words may be added in our personal justification. We wrote the sentences quoted on page 135, in urging against the theory of special manias that the mental philosophy upon which they were based was obsolete. That Esquirol and most of his contemporaries did adopt the theory and classification of the mental faculties taught by the phrenologists, and now universally admitted to be faulty and mischievous, their writings plainly show. It is simply a matter of course that this should greatly lessen to us the value of their observations. The phrenologists taught a separateness of organs in the brain, and a precise demarcation of the mental faculties; for which it is now known there is no proof. Can any one fail to see that a theory of monomania and of moral insanity based upon these doctrines is worthless? To suppose that the observations of Esquirol "had little to do" with the very conceptions of mental phenomena through which alone such observations are possible, is manifestly absurd. But the terms in which they are recorded may be easily compared with those of Gall's cases, as they are quoted on the same

pages in Dr. Ray's treatise. Perhaps to some our words would seem to imply that Esquirol was a believer in the art of reading character by means of the bumps, but it is scarcely possible. This quibble in the use of the word phrenology by Dr. Ray will be understood. We were writing of a school of philosophy, and not of a pretended art. Again, as to the historical fact. Esquirol published his first important paper upon the subject of mental disorders in 1805, and soon followed it with others, in which he elaborated and modified the theories of his teacher Pinel. In 1810, "half a century ago," he succeeded the latter at Salpêtrière. His essays, remarks, communications and notes, as he himself says, "reviewed, polished, and arranged in their respective order," form the treatise published in 1838. Is it a fair charge of want of "accuracy in matters of fact" that the active period of a man's history is referred to as the date of his writings, and not that of their latest compilation?

That the various divisions of mental phenomena are inseparable in their evolution; that their manifestation is not simultaneous alone, but that each is necessary to all the others, and all to each; that, indeed, these divisions are "entirely superficial," and "that an act of the intellect is impossible without an accompanying affective one,"—these, it is hardly necessary to say, are the teachings of all the greatest philosophers since the rise of metaphysical inquiry. Not to go back to Plato, Stewart—whose name is placed by Dr. Ray at the terminus of modern psychological authorities—is quoted by Bain, in the motto of his late work on *The Emotions and the Will*, as stating that the intellectual and the moral powers "are very intimately, and indeed inseparably, connected, in all our mental operations." Sir William Hamilton is still more explicit on this point,\* and the scientific psychologists, of

\* "In distinguishing the cognitions, feelings, and conations, it is not, therefore, to be supposed that these phenomena are possible independently of each other. In our philosophical systems, they may stand separated from each other in books and chapters;—in nature, they are ever interwoven. In every, the simplest, modification of mind, knowledge, feeling, and desire or will, go to constitute the mental state; and it is only by a scientific abstraction that we are able to analyse the state into elements, which are never really existent but in mutual combination. These elements are found, indeed, in very various proportions in different states,—sometimes one preponderates, sometimes another; but there is no state in which they are not all co-existent."—*Lectures on Metaphysics*, vol. i. p. 188.

whom H. Spencer and Bain are representatives, demonstrate it at every step by which they trace the development of the highest mental faculties from the germ of sensation. Spencer, we may add, finds emotion undecomposably combined with cognition in the mental change induced by looking upon a simple curved line. Perhaps Dr. Ray may, after this, recognize some emotion as implied in demonstrating the forty-seventh proposition of Euclid. If not, let him go over the "strictly scientific discussion" of his paper, for a possible trace of this rare element. Did he, or did he not, in writing it, "feel more or less amiable towards his friends or the world in general?"

But Dr. Ray's doctrines are without meaning when he admits "the essential condition of the mind" to be unity. For the mind, in every sense in which it can possibly be the subject of speculation or controversy, *is* the mental manifestations, and only these. The teachers of moral insanity and special manias treat the brain as a congeries of organs, and the mental faculties as so many independent powers. On this hypothesis alone may disease be confined to a single mental phenomenon. On no other theory can be based Dr. Ray's definition of moral insanity, as that of which "a single criminal act may be the sole and only proof;" which would be predicated of a gouty patient who should "slay his nurse in a paroxysm of anguish," and which ought to be considered proven by the finding of "too large a proportion of lithic acid in his blood."

---

#### CONCLUSIONS FROM PRISON STATISTICS IN GREAT BRITAIN.—

1. That the ratio of mortality in the General Prison for Scotland is 1.60 per annum, or about 16 per 1000 prisoners; and, adding to the actual deaths one-third of the number who were liberated on medical grounds, the death-rate would be 1.78 per cent. per annum.

2. That tubercular diseases, in frequency and fatality, rank as the highest class; but our greatest mortality, which is from phthisis, is, to a fraction, the same as in civil life, according to the Reports of the Registrar-General.

3. That, after phthisis and diseases of the respiratory class, those of the nervous system are next in numerical importance.

4. That a singular immunity from zymotic diseases belongs to

prisoners; and that scrofula and diseases of debility are often benefited by the hygienic treatment and dietary of the Prison.

5. That diet and penal discipline are in little or no degree chargeable with the physical diseases of prisoners.

6. That the character of the diseases is of a chronic and cachectic kind, requiring generally good diet and cordials.

7. That the causes of prisoners' diseases may be chiefly traced to hereditary taints from depraved and degraded parents; early privations and excesses; habitual dissipation; and systems "worn-out" by long and frequent confinements in prison.\*

Taking a review of these results of an examination into the physical condition of prisoners, no one can doubt that this class is privileged with the most marked attention to their bodily welfare; and, comparing the state of our pauper and our prison population, we need not wonder to hear at times reflections as cynical as that of Rochefaucault, "*Il s'en faut bien que l'innocence trouve autant de protection que le crime.*"

While all anxiety is relieved as to the physical, much anxiety still prevails among men of light and leading in criminal legislation as to the psychical condition of prisoners. It is curious enough to remember that the great philanthropist and friend of the prisoner, Howard, originated the idea of the *solitary system*—the most grave and severe of all penal systems. This idea was started to counteract the evils of promiscuous association and defective means of classification. Happily, this solitary system did not find acceptance in this country; and, as might *a priori* have been expected, the experience of it in America proved that solitude and cell-seclusion were the sure factors of insanity. The present prison discipline—the *separate system*—is a modification of the solitary and the silent systems; and here it is necessary to say *what is meant* by the *separate system*. At first the terms were applied to that system in which each prisoner was confined to a cell—his workshop by day, and his bedroom by night—so as to be effectually prevented from holding communion with, or being even seen so as to be sufficiently recognized by, a fellow-prisoner. The objects were two-fold; to lead the prisoner to self-communion in the solitude of his cell, and to prevent the evils of communication with others. In consequence of its severe effects upon the mental condition, this, the original separate system, has been much tempered and ameliorated. Into these changes it is unnecessary to enter at present. Yet, notwithstanding

\* It was my intention to have gone on to show the general physical condition by tables of weights—comparing the state on admission and at liberation, etc.—but this inquiry I postpone, for the purpose of having data on a more extended scale, and from larger experience of the effects of long confinement upon certain classes of prisoners.

of great relaxations of the strictly separate system, its workings are watched with much concern and consideration ; and the *questio vexata* remains open, "How far is the separate system of prison discipline injurious to the mental health of prisoners?"—*Edinburgh Med. Journal*, May, 1861.

---

DR. J. B. THOMSON ON THE CONGENITAL IMBECILITY OF CRIMINALS.—*The uniform testimony of prison officials is that prisoners are generally weak-minded.* When visiting the English prisons, I had this concurring opinion from all the most experienced governors, chaplains, and medical officers. The teacher of the juvenile delinquents here, who, before the establishment of Reformatories, numbered occasionally 40 or 50 at a time, asserts the same. All under 14, and sometimes up to 16 years of age, were taught together in a class-room the elements of secular and sacred education, and also learned a trade together in an association-room. The teacher says : "I considered that fully more than a third were of imbecile mind. These made little progress comparatively ; had defective memory ; required every lesson to be kept long continuously before them, and often without any good results. Of the other two-thirds I could not speak very favorably either. They were deficient in the power of attention and application, from want of regular habits of life previously. They were indolent, self-willed ; those who made creditable progress were the exceptional cases." I observe that Sir J. Kaye Shuttleworth considered, when examining the juveniles at Parkhurst, that they were defective in physical organization. From personal observation among the miners, I am satisfied that the children of parents inferior in physical and mental calibre, have not the same aptitude for taking up education as the more improved industrial classes. Among the miners, I am of opinion, a large proportion are weak-minded. The same remarks are applicable to the criminal population. The only other testimony on this subject I think it necessary to quote is that of the late Dr. Malcom—a shrewd observer of men, of large experience, and who, as medical superintendent of Murray's Royal Asylum for Lunatics, had made a special study of mental diseases. He says, in one of his manuscripts found among his prison notes after his decease (and I give *ipsissima verba*) :—"In going over the General Prison, I have long been struck with the various characters of the prisoners ; their total obliquity of all moral feelings, the propensity of their nature, and their total impracticability. Neither kindness nor severity has any influence on such people ; but they go on from day to day, in devising and doing wrong, although their conduct entails upon them further privation. Many of them have been habitual drunkards, and their constitutions are



broken down and enfeebled by this vice, added to their irregularity and often want of food, wretched unwholesome lodgings, spare clothing and filth. In all my experience, I have never seen such an accumulation of morbid appearances as I witness in the *post-mortem* examinations of the prisoners who die here. Scarcely one of them can be said to die of one disease, for almost every organ of the body is more or less diseased; and the wonder with me is, that life could have been supported in such a diseased frame. *Their moral nature seems equally diseased with their physical frames*; and, whilst their mode of life here re-animates their physical health, I doubt whether their minds are equally benefited, if improved at all. *On a close acquaintance with criminals, of 18 years' standing, I consider that nine in ten are of inferior intellect, but that all are excessively cunning.*"

This examen might be strengthened by the consideration of the causes of nervous debility *ab ovo*, to which criminals are subjected.

*The Hereditary Crime in the families who constitute the caste and commonwealth of crime.*—The very locale in which they are born and bred and fed is fitted to pollute the blood and poison the brain. The *intermarriages* of the castes; the defective, or rather perverted, training of the mind from generation to generation; and, perhaps more than all, the drunkenness and dissipation of the class, to which almost every prisoner traces his violent crime and his moral degradation;—these are all factors in the deterioration of the criminal intellect. Into these and other causes I can not now enter. But the most careful observation of the physical and psychical characteristics of the prisoners here, proves to me that they receive with their very life the seeds of death; their *ensemble* and their aspect is the forecast of the *facies Hippocratica*; and their physiognomy, in the majority of instances, is the index of mental imbecility. These potential causes help to explain the strange eccentricities and alienations of prisoners. To such applies forcibly what Esquirol states in his work, *Des Maladies Mentales*:—"There is a great amount of insanity and a morbid impulse, which the children of drunkards (and criminals) have no power of resisting."

Without having exhausted my proofs of the congenital imbecility of the criminals as a class, I must close this paper.

The foregoing statistics and statements go far towards demonstrating, if they do not establish, my proposition. The large proportion of the imbeciles are so on admission, or in the early months of imprisonment. Physical diseases of the nervous system give a large proportion of their mortality; and the testimony of prison officers is strong as to the prevalence among them of a low average intellect.

One or two corollaries flow necessarily from these facts, viz.:—That criminals, having a physical and moral heritage of nervous



disorders and diseases, may be expected to develop increased mental imbecility under imprisonment; and when imbecility or insanity do supervene in prison, due weight ought to be given to the fact that the mind was probably enfeebled before imprisonment; and, further, if it is proved that criminals, as a class, are especially liable to mental maladies, the knowledge of it is of medico-legal importance in our courts of criminal jurisprudence.—*Edinburgh Med. Journal*, May, 1861.

---

MODERN SUPERSTITIONS RELATING TO INSANITY.—At the Society of Antiquaries of Scotland, Dr. Mitchell read a paper "On the Superstitions relating to Lunacy in the North-West Highlands of Scotland, and on some of the Antiquities of Lunacy." Dr. Mitchell commenced with an account of various superstitions connected with the holy wells, and especially that on Inch Maree, in a loch in Ross-shire:—

"The insane patient used to be bathed in the well, and then carried out in a boat round the island, being occasionally plunged into its waters, after which—and the leaving of an offering of his clothes on a tree—his cure was expected. Dr. Mitchell read some remarkable extracts from the records of the Presbytery of Dingwall, which showed, at various periods of the seventeenth century, the existence of a practice of sacrificing bulls at Applecross for the recovery of the health of some patient, on the festival of the saint, and which called forth many fulminations from the Presbytery, as well against the going to chapels, adoring of wells and stones, and pouring of milk on hills as oblations. Dr. Mitchell, however, had found that similar practices existed in quite recent times, and that within the last ten years a live ox had been buried in Moray for the health of the rest of the flock. After some curious historical references, which showed that the practice of sacrificing bulls was observed at Kirkeudbright in the twelfth century, and other notices of May Wells, and the old custom of going all over Scotland to them in search of health, and then proceeding to those in England, Dr. Mitchell proceeded to explain some of the superstitions common in the Hebrides relative to epilepsy. Thus a sufferer from this disease was recently put to bed with the dead body of his mother in the expectation of a cure; another drank the water in which the dead body of his sister had been washed; and in another case, on the spot where the patient fell, in his first attack, a live cock was buried with a lock of his hair and parings of his nails as an offering to the unseen power. In Ross-shire, a patient lately drank a cupful of his own blood. Dr. Mitchell pointed out many similarities between these and African superstitions relating to insanity and epilepsy.—*Medical Times and Gazette*.

# AMERICAN JOURNAL OF INSANITY.

---

VOL. XVIII.

UTICA, JANUARY, 1862.

No. 3.

---

## ESSAYS, CASES, AND SELECTIONS.

---

ON CEREBRAL CONGESTION. TRANSLATED FOR THE AMERICAN JOURNAL OF INSANITY FROM DR. CALMEIL'S "TRAITE DES MALADIES INFLAMMATOIRES DU CERVEAU."

THE pathological conditions to which I propose to devote this article, have their principal seat in the cavity of the cranium. They consist of an unusual, and sometimes considerable, accumulation of blood in the capillaries of the membranes which cover the periphery of the hemispheres, or in those which are distributed to the different layers of nervous matter composing the entire mass of the brain. They are represented besides by lesions of a special character which escape the scrutiny of our senses, which reason leads us, nevertheless, to locate in those portions of the cerebral mass which preside over the functions of sensation, intelligence and motion.

The morbid states to which I refer, considered together are often designated in modern writings under the name of "congestive attacks," "attacks of cerebral or encephalic congestion," "rush of blood," &c., but little has been done hitherto towards the study of their most important phases, and much remains to be accomplished for the demonstration of their various relations and prominent characters.

Nearly all writers agree in considering encephalic congestion as a distinct morbid affection, consisting of vascular turgescence transitory in its duration, and caused by accidental, mechanical influences, such as compression, or the too vigorous propulsion of the circulating fluid. But little attention has been paid to the modification of vitality, which in cases of this kind has been brought about by the influence of the morbid agent upon the encephalic nervous matter, and upon the vessels which distribute the blood necessary for the exercise of its functions. These interior modifications, nevertheless, are entitled to the highest consideration.

Observation and reflection would seem to show that attacks of temporary cerebral congestion must have their origin and be manifested under vital influences entirely similar to those which are capable of giving rise to inflammations of longer duration, such as acute and chronic, general or local peri-encephalitis. It is not sufficient, therefore, to consider these attacks as of slight importance, and to lose sight of them as soon as they have ceased to threaten the life of the patient. It is necessary, on the contrary, to inquire into their subsequent effects, to fathom other hidden connections, and to examine whether they are not liable to return after certain intervals, and to terminate frequently in permanent congestion, or in congestive states capable of furnishing lobular engorgements or effusions of plastic lymph, and to give rise subsequently to the formation of true pus, or of granular disks to which the name of false pus may properly be applied. I shall endeavor to throw light on the solution of the greater part of these questions.

Temporary congestion is generally produced and manifested under the influence of the same causes as general or local cerebral inflammation, whether acute or chronic. When cerebral congestion is regarded from this point of view, one can scarcely fail to be struck with the strong resemblance it bears to those conditions which are admitted to be capable of furnishing extravasations of plastic lymph, or to confirmed states of inflammation.

Among these influences, some are met with whose action appears to be owing to the primitive conformation, or constitutional organiza-

tion of the patients. Many of these have had among their ancestors or collateral relations a considerable number who have died either of chronic inflammation or of congestive affections of the intra-cranial or cerebro-spinal nervous centres. It is, therefore, more than probable that their nervous systems have been predisposed to disease from birth, or from a very early period of life. We must also remember that those who are of preference attacked with cerebral congestion are generally men of vigorous circulation, whose muscular systems are fully developed, whose blood is abundant and rich in fibrine, whose movements are quick, whose character is eager, choleric and impetuous, whose emotions are powerful, whose passions are active and often imperious.

Différence of sex exercises a very marked influence upon the frequency of temporary cerebral congestion. The attacks are infinitely more common among men than among those of the opposite sex. Age also exercises a notable influence upon the predisposition to attacks of transient cerebral congestion. They are more common among men from 30 to 50, and from 75 to 80 years of age. They are more rare in infancy, but are often confounded at this period of life with convulsions.

Attacks of sudden cerebral congestion are of mean frequency during the period of life when women are subject to their monthly evacuations, and increase in number in proportion as they approach extreme old age, when they are also especially subject to local cerebritis.

The frequent repetition of the sensations and tumultuous emotions, the violent and rapid pulsations of the heart, the spasms and muscular tremors which often accompany the completion of the act of copulation, combine to give rise to temporary cerebral congestion. It is the same with the nervous tremors which follow the secret and shameful manipulations to which onanists of both sexes are addicted. It is well known, also, that cerebral congestion is common among women devoted to gallantry, and among the entire class of girls who lead a life of prostitution.

The habitual use of intoxicating drinks predisposes the encephalon to sudden sanguine congestion. Copious though not habitual liba-

tions may suffice also to provoke violent cerebral congestion. Distillers and retailers of spirituous liquors, brewers and wine-merchants, are extremely subject to attacks of this kind ; and alcohol, even if its action were limited exclusively to the production of similar pathogenic conditions, might well be regarded as one of the most deadly scourges of the human race.

Forced marches, and military manœuvres executed with rapidity under the rays of a burning sun, at times give rise to numerous cases of temporary encephalic congestion. At the conclusion of reviews many soldiers are seized with palpitations of the heart, rapid arterial pulsation and dimness of vision accompanied with flushing of the face, and quickly sink under the weight of their arms, and fall down deprived of consciousness. Horses, also, in hot weather, when over-fatigued, sometimes suddenly sink down under their riders, beyond the possibility of remedying the condition of congestion which has suddenly overwhelmed the cerebro-spinal nervous centres of these animals.

Certain atmospheric conditions, which scarcely reveal themselves except by their effects, seem to contribute to the production of case after case of sudden, encephalic congestion. In company with Dr. Leuret, I formerly examined the bodies of a number of patients who had been carried off within a few days of each other by violent attacks of congestion of the intra-cranial nervous centres. Cases in every respect similar to the above have afresh and at different times been presented to our notice during the last thirty years, without being attributable either to heat or cold or to any other sensible atmospheric condition. In 1855, cases of persistent acute encephalitis, with effusion of lymph, were seen to follow each other in great numbers during the first four or five months of the year. The elevation of temperature, nevertheless, did not exceed a moderate degree.

It is generally believed that the suppression of an epistaxis, or of an hemorrhoidal discharge, or of any other natural sanguineous evacuation might, as well as that of the menstrual flow, be ranked among the causes of sudden cerebral congestion. This opinion cannot be without some foundation, for most hemorrhages, whether mor-

bid or functional, appear to take place under the influence of a nervous apparatus, and it may be readily conceived that a modification of vitality similar to that which attracts the blood either to the nasal cavities, or to the termination of the digestive tube, or to other regions of the body, might equally attract it to the capillaries of the intra-cranial apparatus.

All the so-called moral influences, whether they appear under the form of affliction and sorrow, or under that of jealousy, hatred and disappointed ambition, may concur to give rise to a morbid accumulation of blood in the capillaries of the cerebrum. It is the same with constant anxiety of mind, and all those efforts which require active and prolonged intellectual labor.

Generally, however, attacks of temporary congestion, as well as those of encephalitis of longer duration, originate under the influence of a number of causes, so that the one last noted has only contributed in part to the derangement, which has finally been brought about as the result of the operation of all combined.

Attacks of temporary cerebral congestion sometimes come on almost instantaneously, without any important anterior functional disorder. This is not the case, however, in the majority of instances, and there is reason to believe that the circulation of the intra-cranial nervous centres has been for a longer or shorter time much too active in the greater number of patients who are overtaken with violent congestive attacks of the cerebral capillaries. It is certain that a great majority of these patients have experienced, long before it was suspected that they were threatened with apoplectic attacks, either ringing in the ears, dimness of vision, irritability of temper, or other functional aberrations, all of which are habitually referred to an excess of vitality, or to morbid vascular turgescence of the nervous system. But it is principally in subjects who have for a long time been affected with chronic encephalitis, either general or local, that frequent and violent attacks of temporary congestion are most commonly witnessed. It is probable that the intercurrent attacks which in cases of this kind from time to time aggravate the condition of the patient, may be due to the irruption of the blood



into capillaries which had previously been spared, or to fresh inroads of the same fluid into portions of the vascular network which had returned to their normal condition after having been formerly distended by an accumulation of blood in their cavities.

Temporary cerebral congestion is manifested externally by a combination of symptoms which prove that, in at least the greater number of cases, the portions of the brain which preside over the functions of sensation, intelligence and motion are simultaneously affected. But the changes which these attacks produce in the condition of the intra-cranial nervous matter are not always confined simply to the organs of sensation, intellect and motion; they extend sometimes to the portions of the brain which preside over the functions of organic life, and may acquire sufficient importance to paralyze suddenly their action, and to cause almost instant death. It must be admitted, however, that such cases are rare.

The symptoms to which cerebral congestion gives rise are generally manifested under the form which we are about to describe. The attacks at their onset frequently produce sudden loss of consciousness. When this is the case, the patients remain for a longer or shorter time in a state of complete immobility and insensibility. They neither see the objects by which they are surrounded, nor perceive sounds, nor feel the impressions which ought naturally to excite the sensation of pain. The exercise of thought is suspended, the pupil is dilated, the cheeks and lips are flaccid, the imprisoned will excites to no muscular action, the urine and stools escape involuntarily, the respiration is often accelerated, and the pulse is full and more or less frequent.

The return of the principal cerebral functions may quickly succeed to the condition we have described, but in a number of cases the muscular system, over which the will has ceased for a time to exercise any control, becomes the seat of spasmodic contractions more or less general and violent. The pupils are then observed to contract, the eyes to be distorted, the muscles of the face to contract spasmodically, the teeth to strike together with violence, and all the muscular levers to be agitated with spasms which it is vain to at-

tempt to suppress. During the whole duration of these attacks the heart beats with violence, the sternum and ribs are elevated and depressed with great rapidity, while the urine accumulates in the bladder, and perspiration breaks out over the whole surface of the body.

When the congestion is more limited in its effect, it does not involve the simultaneous suspension of sensation, intellect and motion, and these functions are found to be intact in various degrees. Some patients retain their consciousness entire, and understand perfectly the sense and objects of questions addressed to them, but are utterly unable to speak, to put out the tongue, or to move their arms and legs; others appear to be plunged into a sort of stupid astonishment, but can change their position in bed, and move their limbs in all directions. Cerebral congestion also causes momentary impairment of the senses of hearing, vision, and of touch.

There are cases in which the paralysis produced by cerebral congestion is manifested by hemiplegia, or by want of power in an arm or leg. The spasmodic symptoms which are seen to arise during these attacks of cerebral congestion are often limited to the muscles of one or both sides of the face, to the buccinator muscles, to those of the jaw, or of one side of the body, or to those of a single extremity, either superior or inferior.

We are justified in concluding, from the facts which we have mentioned, that the intensity of the congestion may predominate either in the vessels which supply the organs of the intellectual manifestations, in those which belong to the motor functions, or in those which are connected with the sensorial nervous fibres. It is no less manifest that the motor fibres of one hemisphere may be spared whilst those of the other are paralyzed, as far as voluntary motion is concerned.

As to the explosion of spasmodic symptoms and of violent convulsive attacks, it seems to us that it ought to be attributed to the congested condition of the medulla oblongata, since it is in this region that the stimulation of the nervous fibres begins to re-act upon the muscular element to cause it to contract. The accumulation of blood in the vicinity of fibres belonging to certain nerves, such as

the motor nerves of the eyelids, of the face, of the jaw, or of the pharynx, is the principal cause, in all probability, of the muscular contractions which sometimes occur singly in the regions which we have indicated. As the nerves of the arms and legs are also represented in the medulla oblongata by branches of special fibres, it is probable that the convulsions of one or all of the extremities may often have their point of departure in the medulla oblongata; but partial convulsions of the extremities may be owing also to local irritation predominating in a particular region of the spinal cord.

The anatomical characters of temporary cerebral congestion are readily discovered when the repletion of the capillaries much surpasses its physiological limits. When the congestion has acquired a considerable degree of intensity, it strikes the attention immediately on the opening of the cranium. In these cases turgid venous trunks of considerable size are almost always visible under the visceral layer of the arachnoid, both on the periphery of the hemispheres and on that of the cerebellum. When a portion of the pia mater is held between the eye and the light for the purpose of examining its minute vessels, one is struck with the changes wrought in these little tubes, the color of which is now a very deep red, and the volume at least double their natural size. When the edges of the convolutions are separated for the purpose of examining the anfractuositities, one is surprised to see them entirely covered with tortuous capillaries, representing a complete vascular network. The outer surface of the cortical substance is dotted with red points, the confluence of which resembles ulcerous depressions. In its middle layer this substance seems every where to be penetrated with capillaries filled with blood, and the color which it presents approaches to purple or amaranth. All the planes of the white substance partake more or less of the condition of repletion of the capillaries observed in the cortical substance, and incisions made in the different regions of the cerebrum render this repletion more and more evident.

In many cases the walls of the lateral ventricles are threaded in a remarkable manner by numerous compact vascular ramifications, and the substance of the corpora striata as well as that of the optic

thalami presents the pathological condition of the whole system of capillaries which we have already passed in review. The vessels spread over the surface of the sulci of the cerebellum and the capillaries distributed to its white or gray substances, are distinguished by their red color, and by the augmentation of their number and volume. All the surface of the fourth ventricle is generally covered by minute vessels, and it is rare that the gray substance of the annular protuberance escapes the general congestion. The membranes and small vessels which distribute the blood to the spinal cord are sometimes unaffected, but it happens occasionally that the influence of the morbid cause has driven the blood even to its most distant portions.

When any of the vascular ducts in which the state of congestion is well marked are ruptured, either by accident or design, we would expect to see numerous drops of blood escape from the minute vessels. Accordingly, when the cerebral hemispheres, the cerebellum, or any portion of the cerebral mass belonging to a subject who has died of even moderate congestion of the intra-cranial nervous centres, is cut in thin slices, the blood is generally seen to exude at all points from the blood-vessels which have been divided, so that the slices of brain accumulated on the table become bathed in blood. The accumulation is even rendered manifest in some cases of this kind by an increase of the entire weight of the brain.

The assistance of the microscope is necessary to complete the study of the lesions which characterize congestion of the cerebral capillaries. When a preparation made with healthy cortical substance is passed slowly and carefully under a powerful microscope, it is necessary to search a long time before discovering a few slender capillaries with sparse ramifications almost empty; so that one will soon be convinced that the quantity of blood necessary for the accomplishment of the normal physiological acts does not, in the cortical substance, amount to a considerable quantity. Experiments made on the different layers of the white substance, where it is still more easy to find capillaries and ramifications of a certain size, lead to similar conclusions, as far as relates to the normal functions of the

different fibres of that portion of the brain ; but that which is true of its normal condition by no means applies to certain of its pathological states.

When portions of the cortical substance taken from a brain which has been affected with congestion are submitted to the action of a microscope of even feeble magnifying power, there will be seen an abundance of enlarged capillaries, with numerous divisions and ramifications infinitely multiplied, so that the decussation of so many minute vessels becomes embarrassing in the illustration of the details. Numerous globules of blood, set at liberty by the rupture of the vessels, bear witness, both by their presence and by their color, that the vessels have really been gorged with blood, which direct observation further proved, even before a quantity of the blood globules had been expelled from the capillary tubes.

It may, therefore, be considered as established, that the vital action to which this congested condition is referable possesses the power of rendering evident to the senses the existence of numerous vascular ducts, into which the blood globules did not probably enter during health ; and it is the appearance and turgescence of these numerous ducts which constitute in part the anatomical lesions peculiar to temporary cerebral congestion.

The nervous matter, during the first periods of enlargement of the capillaries, is subjected to a certain amount of mechanical compression. This condition is clearly to be inferred from the state of plethora in which the capillaries in contact with the substance of the brain are every where found during the continuance of the congestion. The unaided vision would show this, because the convolutions of the brain often raise themselves in turgid masses, pressed one against another, and seem, as it were, strangulated in a species of sac formed by the enveloping pia mater.

The corpuseles and elementary fibres of the brain also imbibe, during these attacks, a rose-colored serum. The serum of the blood tends to transude in small quantities during all the efforts at congestion which take place in the system. It is to this transudation, I imagine, that the commencement of softening is due which is ob-



servable in the cerebral tissue of almost all persons who die suddenly in attacks of congestion of the cerebral capillaries. In general, however, the nervous matter escapes complete softening during the first period of temporary cerebral congestion.

Whenever the dilatation of the capillaries exceeds certain limits in the different regions of the network of the pia mater, a number of blood globules, together with the coloring matter, finally escape from the capillaries. It then forms under the arachnoid red stains, which all pathologists have described. The microscope shows that these stains are really formed by the infiltration of blood globules into the cellular tissue.

It is asserted, and is also demonstrated by means of the microscope, that the principal seat of congestion is sometimes met with in one hemisphere, sometimes in a single lobe of the brain, in the corpora striata, cerebellum or medulla oblongata. These statements aid us in understanding the differences which are too often observed in the mode of expression of the functional phenomena which arise during the continuance of temporary cerebral congestion.

Attacks of cerebral congestion under the apoplectic or convulsive form render the capillaries of the dura mater liable to take part in the work of congestion. The truth of this will be manifested in examining the surface of the dura mater and the parietal layer of the arachnoid in subjects who have died suddenly from congestion of the cerebral vessels; for it will be seen frequently that the vessels of the dura mater are gorged with blood, and to this fact are owing the extravasations of blood or of plastic lymph which are seen to form in cases of this kind in the cavity of the arachnoid, where, as is well known, they do not fail to give rise, when the patient's life is spared, either to false membranes or to products of a granular form.

When an attack of encephalic congestion has persisted during five, six or seven days without the patient being restored to consciousness, when especially the coma has been accompanied with a sort of tetanic rigidity either local or general, and when the acceleration of the pulse and unusual heat of the skin are persistently added to the other symptoms, and when finally the disease terminates fatally, one



finds almost always in the bodies of those who have thus died traces of lymph along the course of the principal vessels of the pia mater, and almost certainly also the extravasated matter contains globules of pus or granular cells. The inflammation in these cases has therefore already passed the stage of congestion.

But in the cases to which we now refer the nervous element is also frequently found softened at one or more points. In examining with the aid of the microscope the red and disintegrated nervous matter, it will be found constantly loaded with a quantity of large agminated discs (*grands disques agminés*). It has then also become infiltrated with plastic lymph; the disease has therefore taken on the character of inflammation which has reached the stage in which granular products are formed, and can no longer be considered as simple congestion.

Temporary cerebral congestion has different modes of termination. We are justified in concluding that it has terminated by resolution when the cessation of the vital state which attracted the blood towards the brain, has allowed the restoration of the healthy circulation, and when consciousness, the exercise of the intelligence and of the other cerebral functions are speedily resumed, but it is only after many days or weeks of careful observation that we can be positively certain of having succeeded in removing such states of congestion. The cure may be considered as undoubted when individuals who have been attacked recover all their original vivacity of spirits, when their memory is quick and retentive, their pronunciation clear and distinct, when the voluntary movements are easy and active, and the patient complains of no trouble of vision or weight of the head, and can attend to all his engagements as well as he did previously to the attack.

When congestion passes into acute inflammation, there will be fever, comatose symptoms, loss of voluntary motion, and convulsions, which will continue until the seventh day or later without yielding in the least to vigorous medical treatment. The inflammation is local and accompanied with suppuration, when paralysis, convulsive

attacks and tonic contractions are clearly confined to one side of the body.

Acute cerebral congestion of brief duration is very liable to give rise to chronic general inflammation of the contents of the cranium, which is manifested either immediately after the disappearance of the comatose symptoms or some months later.

We are warned that acute cerebral congestion has been replaced by the commencement of the permanent or chronic form when the prominent symptoms of the apoplectic attack have quickly disappeared, when the fever has yielded and all the organic functions are performed properly, while, on the other hand, a more or less complete disturbance of the intellect becomes apparent, accompanied with evident difficulty of speech and want of co-ordination in the principal muscular movements.

The delirium in cases of this kind may assume, as we expect to prove in the chapter on chronic general peri-encephalitis, sometimes the form of furious mania, at others that of ambitious mania, or of melancholia. As to the symptoms which betray the commencement of muscular impairment, they are specially manifested when the patients attempt to speak rapidly, to ascend stairs or to handle fragile objects, for then you will find them speaking with an indistinct utterance, walking with an unsteady gait, and overturning and breaking the objects which they attempt to lay hold of. It is only too manifest that patients of this description are by no means on the road to recovery.

It is almost certain that the disappearance of the alarming symptoms of temporary cerebral congestion will also be followed, but after a longer interval, by a manifestation of the symptoms of chronic general peri-encephalitis, when patients who have escaped the dangers of the apoplectic period of a congestive attack do not return frankly after an apparent recovery to their former habits of thought. It is sufficient that they appear abstracted, incapable of attention, disposed to peevish restlessness or to drowsiness, that their memory often proves defective, that they complain of being unable any longer to attend to their daily avocations or their domestic affairs, that they

readily give way to anger or impatience, that they abandon themselves to unreasonableness, to expenses which exceed their income, for us to be warranted in favoring the incubation of chronic general peri-encephalitis. This fear is replaced by certainty, when difficulty of speech and other muscular impairment, which we have just mentioned, are added to the various mental aberrations which are manifested at the commencement of an attack of temporary cerebral congestion. Generally, however, the true condition of patients of this description is overlooked, and it is only after a length of time that the existence is recognized of a real connection between the occurrence of cerebral congestion and the manifestation at a later period of chronic general peri-encephalitis.

At all periods of life after puberty, but especially in old age, attacks of acute cerebral congestion characterized by a greater accumulation of blood in one hemisphere than in the other, or even in a more limited region of the intra-cranial nervous centres, in consequence of its imperfect resolution leaves behind a condition of capillary engorgement in the portion of brain which had been affected, and then it is much to be feared that the congestion to which we have called the attention of observers may end in furnishing extravasations of lymph, and may be followed by chronic softening of a limited portion of the nervous substance. It may be known that congestion has been followed by chronic local inflammatory action, when, after the disappearance of the comatose symptoms which ushered in the attack, hemiplegia more or less partial, and sometimes so slight as to be scarcely recognized, makes its appearance, generally accompanied with impairment or derangement of the mental faculties. A little reflection will make it manifest that the two pathological conditions are intimately connected, though this connection is frequently entirely overlooked.

Acute congestive attacks which occur during the course of chronic inflammation, either general or local, yield less readily to treatment than sudden attacks which without warning strike down patients who had always previously enjoyed good health. They do not, however, always end fatally, but when such intercurrent attacks

have been removed by appropriate remedies, it may be expected that the original inflammation will rapidly increase, because the capillaries of the periphery of the brain, or of a portion of the cerebral substance, continue to receive much more blood after these violent congestive attacks than they did before ; so that patients who have suffered from such attacks pass rapidly into a more hopeless condition of insanity, or of paralysis either general or located in one side of the body.

The mean duration of attacks of cerebral congestion is difficult to determine even approximately. In many cases the modification of vital action which caused the accumulation of blood in the capillaries of the intra-cranial nervous centres, and the disorder which deprived the patient of sensation, consciousness and motion, tend to disappear, at least partially, in a comparatively short space of time ; but for a day or two, and sometimes nearly a week, the greater number of patients who have been seriously affected continue to manifest a degree of sluggishness and embarrassment in their mental operations, their articulation is indistinct, their limbs can scarcely support the weight of their bodies, it often also appears to them that the furniture or other objects near them are unsteady, some of them also complain of noises in their ears, a painful sensation of weight in the head, a disposition to insomnia or drowsiness. All these symptoms may be manifested in a very slight degree, and finally disappear almost entirely.

Attacks characterized by the longer continuance of apoplectic symptoms, and complicated with general or partial convulsions, subside, in a considerable number of cases, after a duration of twenty-four or forty-eight hours, but reflex spasmodic movements often continue for a longer period, either in the muscles of the face or in those of the chest of patients who have ceased to be affected to a serious extent.

When congestive attacks of the intra-cranial capillaries are followed by death during a profound comatose condition without the patient's having been able to give any evidence of consciousness, to move or to answer by any sign of sensibility to external impressions, commencing from the moment when apoplectic symptoms begin to

be noticed it is impossible to decide before the autopsy whether the patient has died of vascular congestion from excess of repletion, or of copious double cerebral hemorrhage.

When apoplectic symptoms which it appears reasonable to refer to a congested condition of the cerebral capillaries are promptly relieved, so as to allow of the return in a great measure of the muscular powers and of sensibility, the chances are in favor of the symptoms being actually the effect of the accumulation of blood in the interior of the vessels; but there are, nevertheless, cases in which the functions of sensation and muscular motion have been restored, although the state of congestion has been followed by the formation of double apoplectic clots. Such cases have been verified by actual *post-mortem* examinations.

The continuance of a state of relative muscular impairment on one side of the body, and of slight difficulty of speech after the urgent symptoms of acute congestion of the cerebral capillaries have been removed, may be owing to the existence of a clot situated in the side of the brain opposite to the hemiplegia; but it very often happens that the persistence of these functional lesions is due to simple local congestion, tending to become permanent, and decidedly inflammatory in its character.

The sudden disappearance of hemiplegia or paralysis of an arm or leg, which had been observed during a violent attack the nature of which was doubtful, would render it probable that the paralysis was the effect of congestion of one of the hemispheres, rather than of a clot situated on the side opposite to the paralysis.

It is sometimes difficult to decide whether the functional disturbance in any given case is referable to temporary cerebral congestion or to epilepsy. It may be stated, in general terms, that epilepsy has a physiognomy of its own,—that the attack passes off in a few seconds,—that it does not prevent the patient, after a short interval, from rising and going about his business; while the muscular phenomena dependent upon true congestion take on rather the appearance of continuous and lasting paroxysms, and are generally accompanied with a febrile condition and evident reaction; but epilepsy

also occasionally gives rise to febrile symptoms, and to attacks following in quick succession, while, on the other hand, certain attacks of congestion are of very short duration. It is therefore scarcely possible, in some cases, to decide on the instant whether the patient is affected with epilepsy or with cerebral congestion.

Epilepsy is disposed to return at irregular intervals. It is accompanied with vertigo, and does not tend to degenerate promptly into chronic, general, and permanent inflammation of the peripheral nervous substance. Attacks of cerebral congestion, on the contrary, frequently end in giving rise to acute or chronic local or general encephalitis.

Acute and transient attacks of cerebral congestion must be ranked among the diseases which are dangerous to life. They cause anxiety because they endanger the life of the patient during the whole comatose period, and because they manifest a strong tendency to return, even where they have terminated apparently in the most favorable manner, and finally because it is their essential character to pass into permanent inflammation, either general or local, of the nervous substance, and to involve at length the total annihilation of the intellectual faculties, and abolition of the muscular power.

It can not be denied that they sometimes disappear, never to return; but the latter termination is assuredly less frequent than is supposed by physicians generally, who are apt to lose sight of patients to whom they have been called during attacks of temporary cerebral congestion, and whom they have considered as restored as soon as they were able to move about, and thought themselves well enough to resume their customary occupations. But in many cases the physician would form a less favorable opinion of their condition if he was able to keep them for a longer period under his observation, because he would then frequently have presented to his notice the symptoms of insanity and of muscular impairment to which we have drawn attention, and would be prepared to agree with us in regard to the dangerous character which we attribute to transient attacks of encephalic congestion.

Physicians who are placed at the head of asylums for the insane



are united in opinion in regard to the frequent if not constant danger to be apprehended from attacks of acute cerebral congestion, and in this respect their judgment agrees, to whatever country they may belong or whatever distance may separate them. Such agreement among observers unacquainted with each other, or known only by name, is, however, easily understood. To the physicians having the care of asylums prepared for the treatment of mental disorders, it finally becomes necessary to consign almost all patients suffering from chronic general peri-encephalitis. But the physicians of these institutions are not slow in observing that chronic peri-encephalitis is preceded, in a considerable number of cases, by congestive attacks of more or less violence, and sometimes frequently repeated. It is consequently impossible for them to overlook the danger which so often attaches to such symptoms, and the uniformity of their testimony is only the tribute paid to truth.

The numerous points of resemblance between temporary cerebral congestion and encephalitis of longer duration are very striking. The two pathological conditions originate almost constantly under the influence of the same causes,—they attack equally the functions of intelligence, sensation and motion,—they both have their seat in the minute blood-vessels of the encephalic nervous matter,—both may give rise to extravasations of blood, and both appear to be due to a peculiar modification of the vital activity of the part affected ;—finally, these transient and temporary states of congestion are always liable to be converted into permanent inflammation, while encephalitis of long standing and moderate intensity is equally disposed to take on the symptoms of the most violent congestive attacks ; the reasons are consequently only comprehended with difficulty for refusing to classify temporary cerebral congestion with true encephalitis.

It must nevertheless be admitted that temporary cerebral congestion is characterized by its own peculiar symptoms ; that in its mode of attack, in the character of its symptoms, in the peculiar vascular turgescence, in the promptness with which the species of vital erythema, which determines the accumulation of blood in the vessels of the encephalon, tends to diminish or disappear entirely, we have

excellent characters for distinguishing it from other inflammatory disorders of the intra-cranial nervous centres ; and it is all of these considerations combined which have in some sort compelled us to devote to it a separate chapter ; but it is still our opinion that we can henceforth apply to it only the name of temporary encephalitis, or temporary inflammatory cerebral congestion.

In the treatment of a patient supposed to be threatened with congestion of the encephalic nervous centres, all the resources of active medical treatment ought to be employed with the view of restoring to a state of normal functional vitality at the same time the nervous elements which constitute the encephalic apparatus, the capillaries which distribute the blood to the mass of the brain, and the blood itself. This result may be expected to be attained by having recourse without delay to local or general depletion, by substituting diluent drinks, and especially those containing nitre, for those of a stimulating character, by diminishing the quantity of nourishment, by exciting abundant catharsis, and finally by subjecting, during a long period, the patient whose cerebral circulation appears too active to an abstemious regimen, from which he shall be permitted to depart as little as possible. If he persists in indulging his appetite for food, in living luxuriously and in drinking freely,—if he neglect to apply leeches frequently to the nasal fossa, to the temporal sides of the neck or to the arms,—there is every reason to fear that he will die, sooner or later, from congestion of the cerebral capillaries. Many such patients are attacked either at the end of a meal in which wines and spirituous liquors have been profusely lavished, or during the venereal act.

From the moment when the existence of violent cerebral congestion is revealed by the sudden appearance of profound comatose symptoms, with or without convulsions, general blood-letting, copious and frequently repeated, ought immediately to be resorted to. The application of topical irritants, and even of large blisters, to the lower extremities, together with large cut cups to the sides of the neck, completes the outline of treatment which ought always to be employed at the onset of temporary encephalitis, or of temporary cerebral congestion.

In cases where the loss of consciousness and other urgent symptoms, caused by violent congestion of the cerebral capillaries, continue for twelve, twenty-four or thirty-six hours, or even longer, the application of fresh cups to the neck, and of bladders filled with ice to the head, the use of nauseating remedies and of purgative enemata, must be resorted to. When patients who are thus affected begin to recover consciousness, to make use of their limbs and to resume the exercise of their mental faculties, they ought to be carefully watched, for an outbreak of delirium, more or less complete and difficult to restrain, very frequently succeeds to the symptoms of the comatose period. When we have to contend against such symptoms, which will be rendered still more dangerous by the appearance of evident embarrassment of the power of articulation, we must insist more than ever on the free use of cold applications to the head, of nauseating remedies, of nitrous drinks and irritating enemata. The frequent use of warm baths is also among the means from which the greatest remedy may be derived, during the period of declension of the vascular turgescence of the cerebral capillaries. The rules of hygiene which may be imposed upon patients threatened with an attack of encephalitis, may also diminish the chances of a relapse after the patient has safely passed through the perils of such an attack. This important truth ought never for an instant to be lost sight of by the physician.

---

TUBERCLE OF THE BRAIN. By JOHN B. CHAPIN, M. D.,  
Brigham Hall, Canandaigua, N. Y.

TUBERCLE of the brain occurs but rarely in the practice of the physician, and is seldom observed, even in hospitals, to any considerable extent by one person. Cases of this disease derive their greatest importance when collated. The appearance of tubercle within the cranium is by no means infrequently met with; but the frequency with which this affection is seen depends very much upon the facilities of the observer, and the field from which his experience is gath-

ered. In hospitals, especially for children, it is oftener seen than in private practice, and among the poor than with the independent. Many children are born inheriting a serofulous diathesis, and their life is but the history of a precarious existence. So great is the mortality from tubercular diseases among children, that what are but complications—meningitis and hydrocephalus—have been treated as idiopathic affections. They are essentially diseases of childhood. In a table of the comparative frequency of tuberculous deposit in various organs, of 314 children having tubercular disease, it appeared that 80 had tubercles in the brain and membranes. On the other hand, out of 100 cases occurring in adults, tubercles were found within the cranium, by M. Lombard, in two instances. Dr. J. M. Adams “divides the time it is met with into four periods. Out of 131 cases under 15 years of age, there were 16 under 3 ; 44 from 3 to 5 ; 57 from 6 to 10 ; and 21 from 11 to 15 years. It thus appears that under the age of 3 years, and over that of 10, the disease is comparatively rare.”

Another important fact is true, that tubercular disease in children invades a larger number of organs than in adults. The termination of it, also, is different. The serous membranes are oftener inflamed, and the patient dies from the complication. What is of great satisfaction to the physician, the diagnosis of these cases is not always involved in obscurity.

Dr. Gerhard, in the *American Journal of Medical Sciences*, for 1834, and Dr. P. Kennis Green, in an essay entitled “*Observations on Tubercle of the Brain in Children*,” found in the *Medico-Chirurgical Transactions*, vol. xxv., have written very freely upon the tubercular meningitis of children. Referring to the relation of tubercle to hydrocephalus, Dr. Dendy, in his “*Monograph on the Cerebral Diseases of Children*,” remarks that, “The very frequent discovery of granular tubercle on the pia mater, especially about the base of the brain, in fatal cases of effusion, may constitute the essential tendency to hydrocephalic disorder.” “In the majority of encephalic effusions the prevailing, if not the essential, predisposing cause is strumous or tubercular tendency.” “Not that effusion is the in-

variable consequence of tubercular meningitis, but I have so rarely witnessed fatal effusion without discovering some form or other of tubercle, often, indeed, combined with scrofulous ulcers or cicatrices or tumid glands, that I have been induced to believe it essential to that termination of the disorder we term acute hydrocephalus." M. Andral, in *Lectures on Diseases of the Brain and Nervous System*, states that, "we may lay it down as a rule that tubercles of the nervous centres, at a certain period of existence, produce the disease *acute hydrocephalus*; and it has been clearly established by the researches made at the *Hôpital des Enfants Malades*, that the great majority of children affected with tubercular deposits in the brain or its membranes, are finally cut off by water on the brain."

Tubercle of the brain is not, however, so clearly indicated always as in the cases described by these accurate observers. We will cite some cases—types of the obscure affections with which the physician must sometimes deal—which present themselves with ill-defined and anomalous symptoms. The diagnosis of tubercular disease of the brain, attended as it must be with difficulties, can only be verified after death. It becomes important, therefore, to collect cases, to compare them, and to discover, if we are able, the symptoms that appear more uniformly, which we must accept as our guides. For this purpose we have searched the medical journals, and collected notes of seventy-four cases in which death was ascribed, directly or indirectly, to tubercle of the brain. Twenty-four were under five years of age; twenty-six between five and ten; eight between ten and twenty; six between twenty and thirty; and ten between thirty and eighty. There are three periods over which these cases seem to be nearly equally distributed. Twenty-four were under five years of age; twenty-six between five and ten, and twenty-four between ten and eighty.

The majority of the cases inherited or presented a scrofulous constitution, or that diathesis in which we are accustomed to look for tubercular deposits. In many cases, as we shall see, tubercles were found in organs beside the brain. No single symptom, so far as we can perceive, can be considered pathognomonic of this cerebral affec-

tion. A variety of symptoms, however, do appear, which can be studied;—certain symptoms, indeed, appearing more frequently than others, but all pointing with unerring certainty to disease of the nervous system.

The symptoms of tubercle of the brain most frequently observed, are those involuntary movements of the muscles which may be described as :—

1st. Convulsions with loss of intelligence.

2nd. Convulsive twitchings of muscles, without loss of intelligence.

3rd. Choraic movements of the muscles.

4th. Long continued contraction of the muscles, and paralysis.

It seems important to distinguish, if it can be done, between the convulsions of tubercle of the brain and epilepsy. We incline to believe they differ from those of epilepsy in not recurring with any degree of regularity ; in being less frequent ; in being accompanied or preceded by other symptoms of cerebral or physical disease ; in the absence (almost invariably) of lividity of the face and frothing at the mouth ; by convulsive twitchings, jerkings or contractions of the muscles ; by the presence of symptoms of phthisis or abdominal disease. These points are illustrated by brief extracts from cases which we have compiled.

CASE XII.—Four weeks before death, patient complained of pain in the head, which became at times acute. Six weeks before death, had first attack of convulsions, which recurred several times during a few hours. After this attack the pain in the head increased. There was no recurrence of the convulsions.

CASE V.—Earliest symptom noticed was gradual loss of sight, which commenced three years prior to observation by the physician. There was pain in occipital region. When the case came under observation there was complete amaurosis ; the pupils were dilated. There was much dullness of the intellect ; mind confused ; answers rambling ; utterance slow and heavy. Hearing and other senses perfect. Had three convulsions during the course of the disease, which seemed to extend over a period of three years.



CASE XVIII.—Had been a long time subject to epileptiform convulsions, recurring every month. When patient coughed, a sharp pain at back part of the head was felt. There was a swelling at the lower part of the dorsal region. This patient had a great reluctance to standing for any length of time.

CASE XX.—Complained for several years of violent, continued headache, accompanied with tinnitus aurium, impaired vision, vertigo, and partial confusion of mental faculties. Although the headache was constant, there were darting pains of a more severe nature in the head, rigors, and a constipated state of the bowels. For these symptoms she had the usual routine of practice, blisters, purgatives, &c., with but partial relief. For a few days prior to decease, the symptoms were aggravated; the vertigo was so great she was unable to stand or walk without staggering. Felt great weight in the head, and could with difficulty raise it from pillow. In one of these attempts had a convulsion, which proved fatal.

CASE XXXII.—Fifteen days before admission to hospital, patient had irregular, involuntary movements of left arm and leg, without paralysis or diminution of sensibility. Senses were perfect; intelligence unimpaired; respiration and pulse natural; no abdominal disturbance. Ten weeks after, had two violent epileptiform convulsions, with frothing and livid countenance. Was insensible several days after, and continued failing for two months, when he died.

CASE XXXI.—At the age of seven had a cerebral attack, which manifested itself by a succession of convulsions, delirium and coma. These disappeared in twenty-four hours, followed by amaurosis lasting nine days. For two years after seemed to enjoy good health, but the face was the seat of convulsive movements. Began to complain of some pain in abdomen, with diarrhœa, cough and fever, for which was taken to a hospital. Here the following symptoms were observed. Face was flushed; skin hot; pulse 124; tongue red at the edge and tip; symptoms of severe abdominal affection. No cerebral symptoms observed at this time. Thoracic symptoms supervened, but gradually all appearance of disease disappeared, so that the child was considered able to leave the hospital. In the course

of one month, was suddenly seized with convulsions. Face of natural color; eyelids half open; eyes turned upward, with dilated pupils; irregular movements of the lips; subsultus of tendons of four extremities. In a few minutes all convulsive movements ceased, and death ensued.

Convulsive twitching, contraction of the muscles without loss of intelligence, is a symptom of tubercle of brain of frequent occurrence. It is found in nearly one-third of the cases of this disease. The movement consists of sudden contractions or jerkings of the muscles. It is more frequently confined to one side, and appears, also, in paroxysms lasting two or three hours. It differs from chorea in these respects. The occurrence of convulsions in connection with the muscular movements here noticed, is a symptom of great significance. The symptoms we have just alluded to rarely occur singly, but in connection with other signs of disease; yet they are often the prominent, and seemingly inexplicable ones, and deserve a notice. The following case illustrates the presence of involuntary convulsive action of muscles without loss of intelligence. It presents other important symptoms, which we shall have occasion to notice briefly.

CASE VI.—Female, aged 40, had periodical headache extending from the occiput to the vertex, of 12 years standing. Senses unaffected; intellectual faculties entire, except that the memory seemed at times impaired. There had been pain over the occipital region; vomiting without epigastric tenderness; clean but tremulous tongue; occasionally slight difficulty of deglutition; rigidity of the muscles of the neck, with convulsive twitchings drawing the head to the right side; twitching of muscles of right side of face, extending subsequently to both arms; want of command over lower limbs, with tendency to fall forward.

For upwards of twelve years patient had symptoms like the above. The pulse was perfectly quiet; the headaches were described as usually commencing during the nights, or toward morning, and, when severe, attended with vomiting. No treatment availed to arrest the vomiting. The obstinate vomiting first attracted the attention of

the physicians. The uterine function was not disturbed ; no abdominal tenderness. These symptoms directed attention to the nervous system. No peculiarity of gait was observed, except general caution, and fear of shaking the head. During the progress of the case the headache and vomiting recurred with occasional hiccup, and, now and then, with difficult deglutition. In attempting to walk she staggered like a drunken person, and walked by holding upon a chair. In sitting down it was some time before she was able to steady herself. Convulsive movements occurred at times. These were peculiar. The muscles of the back of neck first became rigid, the head being drawn backward and then twisted to the right side ; then convulsive movements of face on the same side commenced. The convulsive movements were sometimes accompanied by tremor of the whole body.

During the further progress of the case the above symptoms assumed an intermittent character. Patient had a "good day" and a "bad day." The "bad day" she spent in bed, and at other times walked about in an unsteady manner. In attempting to walk out she was seen to roll completely over. Frequently there was a tendency to fall forward, which would have occurred if not prevented. One evening she was found dead sitting in a chair. During the preceding week she had been worse than usual. The convulsive twitchings had extended to both arms. On the morning of her death intelligence was clear, and she expressed a strong conviction that she would not recover.

The involuntary muscular movements which accompany this disease of the brain are at times found to be continuous, and bear the most intimate resemblance to chorea. Cases of this class are not, however, frequent. A case which came under the observation of the writer we shall here present in full.

E——, admitted to New York State Lunatic Asylum, July, 1854 ; male, aged 23 ; single and farmer ; native of New York ; common education ; a member of Methodist Church ; no hereditary tendency to disease. Has been healthy and industrious, fond of reading, and usually sociable in his habits. Patient came voluntarily to the Asy-

lum in company with his physician, who furnished the following history. In March exhibited symptoms of insanity for the first time. He devoted much of his time to religious subjects; became despondent and quite melancholy. At times he would seem very devoted in his religious life. This would occasionally be succeeded by a state of indifference, and he would be profane. He would also be very timid, afraid to be alone, but not disposed to be in company with his friends. He now, at time of admission, has periods of excitement, usually every two or three weeks. He is then noisy, striking, swearing, &c. During the intervals is peaceable, but disposed to wander from home. Is conscious of some mental derangement, but says, not as much as his friends suppose. Appears in his usual bodily health. There had been no particular course of treatment pursued. The patient had, however, been freely bled prior to admission. The attack of insanity is represented by the family physician to have occurred without apparent cause.

Patient was placed upon a quiet hall, and continued there until his death. The paroxysms and profanity were not observed during his residence in the Asylum. His manner was reserved, mild and inoffensive. Replied to questions in monosyllables, and was never known to engage in conversation. Seemed absorbed by his delusions, which were not disclosed. He selected uniformly a particular location in the hall where he was disposed to stand during the day, to such a degree, indeed, that œdema of the feet ensued in consequence. The patient was observed to have a constant twitching or involuntary contraction of the muscles of the face, eyelids, upper extremities and shoulders, closely allied to the characteristic movements of chorea. Beyond the supposition that he was laboring under a mild attack of that disease, these symptoms did not attract unusual attention. The patient continued in very much the condition described until three months before he died, which event occurred on the 7th of May, 1855. During one of the regular visits of the physician, attention was directed to the patient by the discovery of a pulse of great rapidity. The patient had made no complaint of pain, and the attendant had observed nothing unusual in the

ease. He was placed in bed. On the following day the friction-sound of pericarditis was observed. During the further progress of the case, diarrhœa and peritoneal tenderness developed themselves, and about two weeks before death symptoms of pneumonia and œdema of the lungs appeared, under which the patient succumbed. From the rational signs, the pulmonary and abdominal symptoms were ascribed to the presence of tubercular deposits; the cardiac disease was, however, involved in much obscurity, as the patient had not been known to suffer from rheumatism.

*Post-mortem* examination disclosed tubercular deposits of recent date in the lungs, and in the peritonæum which showed signs of inflammatory disease with effusion. The serous membrane lining the pericardium was the basis of *granular tubercular deposits*. There was a thick false membrane, and adhesion between the heart and pericardium to such an extent that a limited portion only was free. Death resulted from pneumonia and œdema of the lungs.

The pia mater was studded with tubercular granulations of recent date, and several yellow tubercles of the size of a pea depended beneath this membrane. At the vertex a tubercular tumor of the size of a chestnut was discovered. It was lodged in the substance of the brain, which was softened immediately about it. In raising the mass it broke from the membrane, to which it was feebly attached. There was effusion beneath the arachnoid and in the ventricles. The vessels were turgid and thickened.

It might almost truly be said of this case that the serous membrane in every portion of the system was the seat of tubercular deposit. We have deemed it important that this case should be recorded in full, not only because it shows how few organs of the human frame, if any, are exempt from this disease, but because two organs in the same individual were involved—the head and the heart—constituting the case one of the most remarkable that we have been able to find on record.

Another condition of the muscular system observed is rigidity of the muscles, permanent flexion or contraction of muscles, as of an arm, leg, or the head, and paralysis. Permanent contraction of the



muscles is not a symptom of frequent occurrence, and its importance as such must be estimated from its connection with other symptoms; as for instance, succeeding or preceding twitching of the muscles, convulsions, etc. Paralysis in some form appears in about one-fifth of all cases, sometimes the earliest indication of this disease, and in other cases appearing later, with other symptoms in connection with acute meningitis. It differs, probably, from the paralysis of apoplexy in the circumstances attending it;—the age of the patient; its gradual appearance; being confined to one limb; and in those non-co-ordinated movements of muscles resulting in tottering gait, tendency to fall forward, difficult deglutition, &c.

Cephalalgia, a symptom of cerebral tubercle, is next in frequency of occurrence to those convulsive disorders just noticed. It occurs as the earliest symptom of the disease, and later, while the case is under observation, in connection with other symptoms. It is observed in about one-third of all cases of this disease. It is variously described as periodical, dull, acute and lancinating, and neuralgic. When it appears as the earliest symptom, it exists, commonly, a long time before other symptoms appear; as in one case twelve years, and in another one year. In these cases, also, the pain assumes a periodical character, and has been treated with quinine.

Cephalalgia is never, we believe, an isolated symptom, but is the precursor of, or accompanies, other symptoms, and it must derive its chief importance from this circumstance alone. For instance, in one case after pain in the head had existed for several years, convulsion ensued; in another case, amaurosis. In another case it accompanied certain symptoms which clearly indicated the existence of meningitis.

Loss of substance, or disturbance of structure, is the invariable accompaniment of tubercular deposit within the cranium. Notwithstanding the disorganization which sometimes occurs, the mental disturbance is not in proportion to its extent, and occurs in exceptional cases only. This is in accordance with the fact that the brain may suffer loss of substance without visible mental impairment.

The mental affliction is of that character which arises from the



presence of a foreign irritating body. No cases of active mental disease, such as we term acute mania, are met with. The prevailing types are those conditions which are called delirium and dementia. Delirium appears in the later stages of the case, presenting the symptoms of, and resulting undoubtedly from, meningeal inflammation, which is excited by the tubercular matter. The symptoms of dementia also appear during the progress of the case. The patient is noticed to wear a stupid expression; to answer questions unintelligibly or incoherently; to have a vacant, expressionless stare; to be irritable, ungovernable or passionate; and often, in the case of children, to change from a condition of activity and sprightliness to that of dullness and stupidity.

These symptoms are never, we believe, found isolated, but occur with other indications which seem to point to organic cerebral disease. One symptom, we observe, was found invariably in the few cases where the mind seemed affected; viz., paralysis, rigidity, or choraic contraction of the muscles was invariably observed.

Amaurosis of one or both eyes, deafness and tinnitus aurium, persistent vomiting, neuralgic pains, are symptoms of great significance. When other symptoms of cerebral disease are present they may almost be reckoned pathognomonic signs of some organic affection of the brain. We may be aided also, frequently, in making a diagnosis of a case of suspected tubercle of the brain, by bearing in mind the fact that in one-third of the cases symptoms of tubercular disease in other organs are present; and that in one-half of the cases tubercles are found on *post-mortem* examination. In those cases where no symptoms of the deposit are observed, and the tubercular matter exists, they are undoubtedly masked by the cerebral affection.

We have endeavored to point out some of the symptoms accompanying tubercles of the brain, and we here recapitulate them in the order of their frequency, viz:

Convulsions with loss of intelligence.

Convulsive twitchings of muscles without loss of intelligence.

Choraic movement of muscles.

Long continued contraction of muscles, and paralysis.

Cephalagia.—Mental impairment.—Amaurosis.—Deafness and tinnitus aurium.—Vomiting.—Neuralgia.

Serofulous diathesis.

These symptoms do not occur with any degree of uniformity, or in regular combinations. In the great majority of cases the diagnosis is a matter of difficulty, and at best of conjecture. We have examined a number of recorded cases of cancerous and fibrous tumors of the brain, and find the symptoms analogous to those of the disease under consideration. Should any of the above symptoms, however, appear in connection with a serofulous constitution, or with signs of tubercular disease elsewhere than in the brain, the case would be a strong one.

The *post-mortem* appearances are too various to admit of classification with reference to the symptoms which manifest themselves, and we shall attempt no more in this connection than to present a very general view of them. The tubercular deposit varies in size from that of a millet seed to that of one half the volume of the cerebellum. It is found more frequently in the serous membranes—the arachnoid and pia mater—oftener, indeed, in the latter than the former. It is said to be common to find tubercles located in the substance of the brain. In all those cases the tubercles undoubtedly had their origin in the pia mater. Observation suggests the belief that tubercles originate, generally, in the structure of the serous membrane, and, in our experience, no attendant pathological appearance is found that may not be explained upon this hypothesis.

During the stage of deposition within the cranium the cerebral circulation is accelerated. In children we observe that activity and precocity which characterizes the disease, and mental excitement in adults, such as was witnessed in the early history of patients whose cases are detailed above. Should the patient survive the meningeal inflammation or effusion which is apt to exist, there may be a period of rest which lasts until the stage of aggregation, softening, &c., commences. The tubercular mass may here become detached from its membranous connection, and be found imbedded in the substance

of the brain. The surrounding cerebral structure may be softened, and purulent matter exist. Cerebral hemorrhage has resulted from progressive ulceration. The nerves may be encroached upon, and their function disturbed or wholly arrested. Neuralgic pains and irregular movements of muscles are thus explained. Tubercular abscesses have discharged through the ear. Cases regarded as otitis have resulted from these abscesses.

Serous effusion is one of the most frequent consequences of tubercular deposit, and hence the remark that "hydrocephalus is universally accompanied with tubercle."

The progress of the disease in the brain is similar to that in other tissues. From its nature it is necessarily fatal. The great amount of disease and disorganization that exists are sometimes unaccompanied by any mental manifestation; and, on the other hand, a slight pathological change is accompanied by considerable disturbance. To attempt to explain this fact, as well as those cases where loss of brain substance arises from accidental causes, without mental disturbance, we must bear in mind that the lesion is local, and does not necessarily involve derangements of the nutritive and cellular apparatus of the brain, but that when there is disturbance of either of these, from causes however slight, we must expect some disordered mental condition.

---

SHAKSPEARE'S DELINEATIONS OF MENTAL IMBECILITY AS EXHIBITED IN HIS FOOLS AND CLOWNS.  
By A. O. KELLOGG, M. D. Port Hope, Canada West.

We have frequently had occasion to remark that whatever Shakspeare does is always complete in its way, and leaves nothing to be desired. The ass and the fool which he depicts, are ever the ass and the fool *par excellence*, and he has been no less successful in drawing a fantastic and a fop; for if Bottom, as we have seen, is prince of

donkeys, Malvolio is prince of fops, and his title is also not to be disputed.

Malvolio, of all Shakspeare's impotents, has always appeared to us the most contemptible and least interesting, unless to make a man supremely ridiculous and contemptible is to cast about him a certain amount of interest from this very reason. The other fools we have glanced at have all some redeeming qualities, and there is not one of them, if placed by his folly in the circumstances in which Malvolio finds himself, in Act IV, Scene 2, *Twelfth Night*, where he is confined for supposed lunacy, and "Sir Topas, the curate, comes to visit Malvolio the lunatic," for whom we should not feel more pity than for him. Dogberry, Shallow, Bottom, and his companions are all imbeciles in their way, but the most we can do is to pity the fools and smile at their folly; but for Malvolio we feel a sort of contempt, for he is not simply a fool, he is also a fantastic, the very sublime of coxcombs and affected fops. Dogberry, as we have seen, is an ass and a fool, but he at least *thinks* he is a "wise fellow," and one that "knows the law." Let others think as they will of him, he himself believes that he has some brains, and the same remark is applicable to Shallow. This sort of conceit, applying as it does to certain intellectual qualities, which, if not possessed, shows at least a respect for, and a reaching forth after them, commands our sympathy. Even Bottom the weaver, the prince of donkeys, is not contemptible; he believes that he is the very perfection of histrionics, for he is told so by Peter Quince, and worshipped as such by the motley crew that surrounds him, and we smile at the delusion and pity the deluded, but feel no contempt for him. Indeed, the very faculties in him which prompt him to covet these high histrionic honors prevent this. Not so, however, with Malvolio, the fop *par excellence*; for, like all his tribe, *he has not so much as the conceit of anything intellectual*. As to whether *he* has wit or wisdom,—whether like Dogberry *he* is a "wise fellow" who "knows the law," or like Shallow can write Esquire or *armigero* to his name,—is all a matter of very small importance to him. Indeed, as to whether he has an excess or deficiency of brains, is a question which never troubles him; for,

like the genuine fop, his external personal qualities are with him all-sufficient, all in all. To Malvolio, indeed to all the family of Malvolio's, what is the mind of a Newton, a Shakspeare or a Leibnitz, or an intellect garnished with all the philosophy of a Plato, or all the learning of an Erasmus? Has he not what will more than compensate for the lack of all these? Has he not a most magnificent pair of legs, which, garnished with yellow stockings and cross-gartered, must be quite irresistible to all the rich Olivias in the world? Besides, has he not a splendid set of teeth, and is not his smile in the presence of his mistress quite overpowering? Like all brainless fops, his smile he regards as the chief weapon, with which he subdues hearts; that continuous, affected, unmeaning, half-idiotic smile, always ready to garnish the face, in season and out of season, having no soul, spirit or life behind which prompts it, and which, to the genuine smile springing from all these and lighting up an intelligent countenance, is as the dim light of a night lantern to the Aurora Borealis, or the heat lightnings of a Summer evening. See how he opens his batteries upon his mistress, in Scene IV, Act 3rd:—

*Olivia.* “Where is Malvolio?”

*Maria.* “He's coming, madam; but in very strange manner. He's sure possessed, madam.

*Olivia.* “Why, what's the matter? does he rave?”

*Maria.* “No, madam, he does nothing but smile: \* \* \* Sure, the man is tainted of his wits.

*Olivia.* “Go, call him hither. \* \* \* How now, Malvolio?”

*Malvolio.* “Sweet lady, ha, ha. (Smiles fantastically.)

*Olivia.* “Smilest thou? I sent for thee upon a sad occasion.

*Mal.* “Sad, lady? I could be sad: this does make some obstruction in the blood, this cross-gartering. But what of that, if it please the eye of one, it is with me, as the very true sonnet hath it, ‘please one, please all.’

*Olivia.* “Why, how dost thou, now? What is the matter with thee?”

*Mal.* “Not black in my mind, though yellow in my legs,” etc.

Like all Shakspeare's characters, Malvolio is a being of real life. No one can walk from the Battery the length of Broadway without meeting more than one Malvolio. Men who scarce have a thought not derived from their tailor, hatter, boot-maker or posture-master,



and who, like Malvolio, think of nothing but their externals, and, how these are to be made to dazzle the eyes of some rich Olivia, of of whom, in their own estimation, none is so worthy as themselves. The yellow stockings of Malvolio have indeed disappeared, giving place to the flashy vest, and the obstruction of blood by tight cross-gartering, which pained Malvolio and made him sad, is now brought about by very tight boots. And as they strut along the pavement, stroking their beards, twirling their canary-colored canes, and looking both wise and foolish, or like him "practise behaviour to their own shadows," here is a specimen of the meditations of each and every one of them, taken from the mouth of their great prototype, Malvolio:—

"'Tis but fortune; all is fortune. Maria once told me she did affect me: and I have heard herself come thus near, that, should she fancy, it should be one of my complexion. Besides, she uses me with a more exalted respect than any one else that follows her. What should I think on't? To be Count Malvolio;—There's example for't; the lady of the Strachy married the yeoman of the wardrobe. Having been three months married to her, sitting in my state,—Calling my officers about me in my branched velvet gown; \* \* \* And then to have the humor of state: and after a demure travel of regard,—telling them I know my place, as I would they should do theirs—to ask for my kinsman Toby:—Seven of my people, with an obedient start, make out for him: I frown the while; and, perchance, wind up my watch, or play with my some rich jewel. Toby approaches; courtesies there to me:—I extend my hand to him thus, quenching my familiar smile with an austere regard of control:—Saying, Cousin Toby, my fortunes having east me upon your niece, give me this prerogative of speech:—You must amend your drunkenness," &c., &c.

We doubt much if a more complete personification of self-love could be drawn than has been by Shakspeare in the character of Malvolio. This sentiment is here developed in all its perfections, and we believe that the closest scrutiny and most complete analysis of the character, could not discover any thing beyond the most consummate egotism of the whole machinery of his mind. This is the mainspring which sets all in motion. He is "sick of self-love," and this causes him to taste every thing with a "distempered appetite." Every thing which can in any way satisfy his vanity is de-



voured greedily, and without questioning the quality of the aliment, or the source whence it has been obtained. To this distempered appetite his folly is chief purveyor. When the forged letter which intimates to him that his rich mistress is in love with him is left in his way, he scarcely allows himself to question its genuineness. "By my life," says he, "this is my lady's hand : these be her very C's, her U's, and her T's." He is so much in love—not with her, but with the vain idea—that he will not allow that there can be any mistake about the matter. Therefore, says he, "it is evident to any formal capacity. Daylight and champaign discovers not more." And as he swallows the bait which has been so cunningly prepared for him, see how he swells himself and gloats over it:—

"I will be proud, I will read politic authors, I will baffle Sir Toby, I will wash off gross acquaintance, I will be point-devisee, the very man. I do not now fool myself, to let imagination jade me ; for every reason exites to this, that my lady loves me. She did commend my yellow stockings of late, she did praise my leg being cross-gartered ; and in this she manifests herself to my love, and, with a kind of injunetion, drives me to these habits of her liking. I thank my stars I am happy. I will be strange, stout, in yellow stockings, and cross-gartered, even with the swiftness of putting on. \* \* \* Jove, I thank thee.—I will smile ; I will do every thing that thou wilt have me."

Every thing, as we have observed, turns upon his vanity and egotism. The pains he takes to preserve order in the household, disturbed by the drunken revels of Sir Toby Belch and Sir Andrew Ague-cheek, is more from a desire to show off the importance of his stewardship in the eyes of his mistress and others, than for any love he has for her or the household. Indeed, any other kind of love than the love of self would be quite inconsistent with his whole character.

With all the desire he has to marry his mistress, which causes him to make such an ass of himself, and others to make such a fool of him, we see not a trace of love for her. No ; it is the idea of *her* love for a man of his complexion—for Malvolio, the exquisite in yellow stockings, the fop who can bow so elegantly, and the fool that can grin so incomparably—that fills him to overflowing ; not *his* love for her, to which scarcely an allusion is made.

Need we ask the reader if he has ever seen the counterparts of Malvolio in real life? individuals into whose bosoms the sentiment of love for another could not possibly enter, while their vanity and self-love are so great as to lead them to believe themselves quite irresistible, and that, for their mere external, personal qualities every one must love them at sight as well as they love themselves?

The next of our poet's imbeciles we propose to glance at, is Ancient Pistol. Here, also, we have another and very different kind of fool from any we have hitherto considered; but he is also a prince in his way, and his realm is that of bombast and buncombe. Pistol is the perfection of swaggering, cowardly impotents, or, to use another expressive Americanism, the prince of "tall talkers," and his title, like the others, is not to be disputed, even by a Canadian M. P., or a Hoosier or Sucker legislator. Pistol is in his way a merchant prince, a wholesale dealer in fustian, and his capital stock in trade is unlimited. His mother English is quite inadequate to express his lofty and swelling emotions, and, like others of his tribe, when this fails him, he lays murderous hands upon the Latin or French.

"I will cut thy threat," says Nym. "*Coupe le gorge*, that's the word," says Pistol; and what a medley of the mock sublime and the vulgar we have in the following, which appears to be a slight ebullition of jealousy:—

"O hound of Crete! think'st thou my spouse to get?  
No; to the spittal go,  
And from the powdery tub of infamy  
Fetch forth the lazar kite of Cressid's kind,  
Doll Tear-sheet she by name, and her espouse.  
I have, and I will hold, the *quondam* Quickly  
For the only she: and *pauca*, there's enough."

Like others of his kind in real life, Pistol is very fond of exhibiting his classical lore, both in season and out of season. When he comes to Falstaff in the house of Justice Shallow, swelling with the important news of the death of the old king, and his high-sounding sentences are interrupted by Master Silence, who, being maudlin and musical, sings out—

"And Robin Hood, Scarlet and John," he exclaims in most classical bombast—

"Shall dunghill curs confront the Helicons?  
 And shall good news be baffled?  
 Then Pistol, lay thy head in Furies' lap!"

And again, when he informs Falstaff that his favorite Mistress Tear-sheet is in "base durance and contagious prison," he employs another high-sounding classical allusion:—

"Rouse up revenge from Ebon den with fell Aleeto's snake,  
 For Doll is in; Pistol speaks nought but truth."

When, however, he finds that his master Falstaff is not "on fortune's eap the very button," and that all of them, both fools and knaves, are ordered by the chief-justice to the fleet, his plumes droop at once, and he exclaims in most demure Latin—

*"Si fortuna me tormenta, spero me contenta."*

Pistol's force, like that of all swaggerers, spends in high-sounding words. His acts are ever pusillanimous and mean, and his whole character can not be better drawn than it is by the boy in Act III, Scene 2. (*Henry V.*)

"For Pistol," says the boy, "he hath a killing tongue and a quiet sword; by the means whereof 'a breaks words, and keeps whole weapons." Upon all occasions, where there is even an approach towards putting him upon his "metal," he shows himself a weak-hearted, spiritless craven; yet when fully persuaded that there is no personal danger, no one can swagger like him; as for example, when he is set upon by Corporal Nym for the payment of the eight shillings lost in betting. He is not so much a fool as not to perceive that Nym is as great a coward as himself, and that his "sword is an oath" merely, like his own; and the words in which he repudiates the debt, show that his honor is quite on a par with his courage: "Base is the slave that pays."

The manner in which the poet brings together Bardolph, Nym and Pistol, in Act II, Scene 1, is admirably calculated to show up their individual parts. The two latter, it would seem, had aspired to the high honor of the hand of dame Quickly, the hostess; but, as in all contests of the kind, the quiet fool being no match for the blustering fool, is compelled to see the latter carry off the prize;

and the very quiet way in which Nym acknowledges himself a coward, and in the same breath hints at the revenge he may take, when occasion serves, on Pistol's throat, is one of many rich things of our bard :—

*Nym.* “For my part, I care not. I say little : but when time shall serve, there shall be smites. *I dare not fight, but I will wink and hold out mine iron.* It is a simple one, but what though, *it will toast cheese.* \* \* \* Faith I will live so long as I may, that's the certain of it. \* \* Men may sleep, and they may have their throats about them at the same time : and, some say, knives have edges.”

Nym is in one respect the very opposite of Pistol. Both are imbeciles and cowards, yet the former is a quiet fool, using but few words ; but he evidently attaches quite as much importance to the few and simple, as Pistol does to the many and boisterous. Nym's character is also admirably sketched in a few words by the boy.

“For Nym,” says the boy, “he hath heard that men of few words are the best men ; and therefore he seems to say his prayers lest 'a should be thought a coward. But his few bad words are matched with as few good deeds ; for 'a never broke any man's head but his own, and that was against a post when he was drunk.”

No newsboy or printer's devil was ever more shrewd or quick-witted than this youth, Falstaff's page. He is the prince of sharp boys, and Falstaff himself never got off a better piece of wit at the expense of Bardolph's glowing nose, than he does when he summons him to his sick master, shaking, as Mrs. Quickly says, of a *quotidian tertian*.

“He is very sick,” says the boy, “and would to bed. Good Bardolph, put thy nose between the sheets, and *do the office of a warming-pan.*” In a future time we may take occasion to consider *in extenso* the character of this admirable youth, the like of whom we believe we have more than once seen in the ranks of “young America ;” but as he would be greatly out of place among the imbeciles of the poet, we now merely make use of some of his shrewdness to illustrate their folly.

Pistol, like all swaggering fools, is ready to stand upon his dignity,

whenever he thinks he can do so without being in danger of a broken head.

When Falstaff desires him to carry the letters to Mrs. Ford and Mrs. Page, he throws himself back upon his offended dignity.

*Pist.* "Shall I, Sir Pandarus of Troy become,  
And by my side wear steel?  
Then Lucifer take all."

His objection to the term "steal," shows how much more importance he attaches to words and phrases than to things, and acts. When Falstaff dismisses Bardolph from his train because he was not an adroit thief, his filchings being, like an unskillful singer, "out of time"—and he had not the skill to "steal at a minim's rest"—Pistol objects to the term steal. "*Convey* the wise it call," says he. "Steal! foh! a *fico* for the phrase." The act of stealing *per se* he makes no objection to, but the term by which it is expressed, is evidently in his view not quite respectable. If he steals he would not be called a *thief*, but simply a "*conveyancer*."

These worthies, Nym and Pistol, like others of their kind in real life, are not destitute at times of a certain species of vulgar wit and mental astuteness. Nym's observations in view of Bardolph's change of vocation are rich, when we consider the calibre of the mind from whence they emanate. He evidently believes in the doctrine of hereditary transmission, even of the qualities, mental or physical, which lead to drunkenness in the offspring.\* When Bardolph is about to assume the office of tapster, which he has so long desired, and in which he thinks he shall "thrive," Nym says, in allusion to his enormous imbibing capacities: "*He was gotten in drink—his mind is not heroic*," &c.

Of the two fools, Nym and Pistol, the latter "hath the more excellent wit," vulgar and pompous though it be. When Falstaff gives so graphic a description of the bearing of Mrs. Ford towards him, which caused him to "spy entertainment in her," Pistol's remark is

\* In this matter of hereditary propensity to drunkenness, we are not prepared to say that Nym is altogether in the wrong.

like one of those shrewd observations which sometimes fall, as if by accident, from individuals of his mental capacity :—

“He hath studied her well,” says he, “and translated her well, out of honesty into English.”

And again, when Falstaff speaks of the interest with which she regards his huge belly, his reply, though inclining to the vulgar when uttered in modern ears, is nevertheless shrewd, sarcastic and to the purpose :—

“Then did the sun on dunghill shine !”

“My honest lass,” says the huge-bellied knight, “I will tell you what I am about”—

“Two yards and more,” says Pistol. Shakspeare knew well that a peculiar kind of low wit, flashing at times even from such acknowledged fools as Nym and Pistol, is by no means inconsistent or unnatural.

The war of words between Mistress Tearsheet and Pistol at the Boar’s Head, when the billingsgate of the bawd on the one hand, is matched with the bombast of the fool on the other, is most ludicrously characteristic and natural. The billingsgate of the bawd we pass by, but a little of the bombast of the fool will not be out of place in this connection. Pistol sober, it would seem, was not sufficient for our poet, who leaves nothing incomplete ; therefore we must have Pistol “charged” with a cup of sack, and a little tipsy, as he appears to be in this scene, to complete the psychological delineation. The mental characteristics remain substantially the same, only, as is usual in this state, a little more strongly marked. His folly is made somewhat more foolish, his “tall talk” a little more elevated, the bombast still more bombastic than usual, and the classic allusions more frequent and far-fetched. When urged by Bardolph and the boy to go down stairs, and retire from the windy contest of the bawd, he says :—

“I’ll see her damned first ;—to Pluto’s damned lake, to the infernal deep, with Erebus and tortures vile also. Hold hook and line, say I. Down ! down dogs ! down faitors ! Have we not Hiren here ?” \* \* \* \*



“ Shall pack-horses,  
 And hollow, pampered jades of Asia,  
 Which can not go but thirty miles a day,  
 Compare with Cæsars, and with Cannibals,  
 And Trojan Greeks? nay, rather damn them with  
 King Cerberus; and let the welkin roar!”

He calls for another cup of sack, and goes on with his classical bombast, “ piling Ossa upon Pelion :”—

“ Fear we broadsides? no, let the fiend give fire.  
 Give me some sack ;—and sweetheart, lie thou there.”  
[Lays down the sword,]

When urged to extremes, and, taking up the sword, he is about to assume the appearance of a gladiator, he brings in, after a few more “ tall” words, his grand allusion to the three goddesses of the distaff and thread, who preside over the destinies of men; and the meek grandeur with which he resigns himself to the fates, is worthy of the hero :—

*Pist.* “ What, shall we have incision? shall we imbrue?—  
 Then death rock me asleep, abridge my doleful days!  
 Why then, let grievous, gaping, ghastly wounds  
 Untwine the sisters three! Atropos, I say.”

“ So dies a Hero adorable,” (*Robbers.*)

Not so, however, dies ancient Pistol, for after this most valiant and windy contest with the bawd—after a slight prick in the shoulders from Falstaff’s rapier, he suffers himself to be thrown down stairs by the *quondam* soldier, but now tapster Bardolph, and whether the journey is made more speedy by an impulse imparted from the boot of the latter, we are not told. Neither, however, die of “ grievous, ghastly wounds,” the one being reserved to hang for stealing a Pix, and the other to plead his cause with his accustomed grandiloquence.

These worthies Nym, Bardolph and Pistol, turn up again in Henry V., where they are brought together again in the battle scene. (Act III, Scene 2.)

Here Bardolph is the only man that does not play the coward before the breach, for while he pushes on, Nym declares that it is “ too hot” for a man that has not “ a case of lives,” and Pistol sighs in doleful measure for safety, and “ an alchouse in London ;” and when

driven on by Fluellen to the breach, the terms in which he begs him to desist, and eries for merey, are ludicrous in the extreme.

*Pist.* "Be merciful, great duke, to men of mould. Abate thy rage," &c.

In view of his cowardly conduct upon this occasion, the impudence with which he presumes to plead for Bardolph, the only man of the three who has shown any bravery, and the fire of whose nose was about to be quenched forever by the halter, for church desecration, is amusing, and quite characteristic of the man; and also the insolence shown his captain when his suit is refused. "Die and be damned!" says he, "and fico for thy friendship."

Pistol seems never to have forgiven Fluellen, either for driving him up to the beach and into danger, or for refusing to interfere in behalf of Bardolph, but remains vindictive to the end; for in Act IV, Scene 3, where he meets the king, whom he takes for a Welshman, he desires him to tell his countryman Fluellen, that he will "knoek his leek about his pate on St. David's day." When, however, he meets his man, in Act V, Scene 1, he comes off second best, like all cowards, and the leek is thrust down his own throat; and, eudgeled and insulted, he swears revenge, at first loudly, but makes no resistance, offers no personal violence. While Fluellen, laying on the eudgel, forces him to eat the leek, telling him insultingly it was "goot for green wounds" and "broken coxeombs," how meekly, demurely, and with what a cowardly, craven spirit, does he beg him to desist, in the following words:—

"Quiet thy eudgel," says he, "*thou dost see I eat!*"

As soon, however, as his adversary is away, Pistol "is himself again." Like a cowardly spaniel who has just escaped with his life from the jaws of the bull-dog, he can now bristle up his courage, and, all danger past, bark loud and look threatening. How different is the tone of what follows from that we have just quoted above, when he was under Fluellen's eudgel! How grandly he can threaten now, when all danger is past! "All hell shall stir for this," says he.

This, however, is Pistol's last explosion—the last thunder-tone

which escapes from the empty-headed, hollow-hearted, deep-throated Pistol—this “roaring devil ‘i the old play” has roared out his last note. He is now desolate. Falstaff, about whom he hung so long, is dead, his friends Nym and Bardolph are both hung for stealing, and his cowardice alone is all that has saved him from a like fate. His Nell is “dead in spital of malady of France,” and there his “rendezvous is quite cut off.” He is now old, and “from his weary limbs honor is cudgeled,” and he asks sadly, “Does Fortune play the huswife with me now?” Reformation is out of the question. So old a sinner would make but a sad saint, and, conscious of this, his resolution is soon taken. Let us not quarrel with him for taking the only course which seemed open to him :—

“Well, bawd I’ll turn,  
And something lean to cut-purse of quick hand.  
To England will I steal, and there I’ll steal;  
And patches will I get unto these cudgeled sears,  
And swear I got them in the Gallia wars.”

Adieu, Ancient Pistol! and though your face may never be seen in the flesh, *your spirit*, together with the hundreds raised by the mighty wand which has now been broken for more than two hundred years, still walks the earth, and will never be suffered to rest while time shall endure: though the great magician himself, who called you up from the “vasty deep” and sent you forth upon the earth, now sleeps soundly and sweetly on the banks of the Avon.

#### ON ANIMAL MAGNETISM AND SOMNAMBULISM. FROM THE FRENCH OF M. ALFRED DE MAURY.

[*From the Journal of Mental Science, April, 1861.*]

THE diversity of phenomena which compose the universe is but apparent; the physical forces, however varied they may appear, are but diverse manifestations of the same principles, always active, but the effects of which often vary their mode of application as well as the duration of their action. In like manner, the most simple phenom-

enon requires the co-operation of a multitude of diverse actions regarded by us as so many distinct forces. Thus there is not an isolated fact in nature, nor one in disagreement with universal order. Every phenomenon is one of the consequences of universal laws. If these laws are not clearly known in the complexity of their applications, the facts which are ever before us indicate at least their character and the direction which they take. Thus critical minds, enlarged by the school of scientific experience, refuse to accept speculative systems and supernatural theories which involve the existence of phenomena in the universe in disagreement with the principles which govern it. A fact of this sort is proclaimed, science subjects it to scrutiny, and generally recognizes that it is but the effect of forces analogous to those which occur in phenomena already observed, but acting in a different manner.

This remark applies to all that has been said of animal magnetism or mesmerism. While the reality of these phenomena were insufficiently established, while severe experiments failed to guard against fraud and illusion, the pretensions of magnetizers to produce an order of facts contrary to physical laws was treated with disdain by the learned, since this pretension constituted itself a legitimate motive of suspicion; but from the moment when magnetic facts underwent close examination, and were tested by cautious minds, that which appeared marvellous in itself was quickly reduced to novel effects attributable to those agencies which preside over sensibility and over life. From that time animal magnetism entered into the domain of science, and a part of the obscurity by which it was enveloped was dissipated. This revolution is very recent—in truth it has but begun. After three quarters of a century of charlatanism and illuminism,\* singular phenomena, strange at first sight, have been cleared up by physiology and pathology, and all the accompanying marvels with which they are surrounded have vanished, to give place to nervous actions, the study of which under their various forms and degrees of intensity is now attempted. Recent communi-

\* See an article by M. L'Peisse, in the 'Revue des deux Mondes,' March 1st, 1842.

cations made to the Institute on the subject of hypnotism, while anticipating new views in science, have also confirmed the opinions of certain physiologists on the true character of artificial somnambulism. We shall endeavor to give a history of these scientific events, which commenced, like many others, in a period of fable and chimera, and of which the first result should be to make us judge more fairly of the extent and variety of the phenomena of life.

1st. Dr. Alexander Bertrand, one of the earliest observers, who in good faith and following a rational method, undertook experiments upon animal magnetism, clearly understood that phenomena of this order, if they existed, could not be isolated facts, manifestations of nature contradicting herself. In two works, published thirty years since, he undertook to investigate to what order of physiological and pathological facts the novel effects belong which he had observed. He recognised the dogmatic absurdity of the theory of a magnetic fluid, which Mesmer pretended to identify with that originally called the electrical fluid, and the intervention of which this dreamer substituted for actions which result from the play of our economy. He found in those who were said to be possessed by a demon, and in particular in the religieuses of Loudon, the Protestant prophets of Cévennes, the convulsionnaires of Saint-Médard, and other historical singularities, the proof that artificial somnambulism is but a form of cataleptic ecstasy, an affection rarely met with, but clearly defined, which from time to time manifests itself epidemically. M. Louis Figuer has taken up the same argument in his '*Histoire du Merveilleux.*' In order that this comparison may be wholly decisive, it is needful to observe closely, and under new aspects, these singular mental epidemics. Some see in them only insanity, and connect that which as a contagion seemed to Dr. Bertrand a special affection and a particular disorder, with those disturbances of the intelligence which flourish every where; others, warned by the frauds and deceits which they had detected in experiments upon somnambulism in which they had assisted, look only for illusion and charlatanism in such *possessions* as the enthusiasm of the camisards and the convulsions produced at the tomb of the Deacon of Paris. However just

and sincere were the observations of Bertrand, Georget, and of several medical men convinced of the reality of animal magnetism, yet it is needful to watch against the allurements from which many great minds have not been free. Not to mention Swedenborg, who united the positive acquirements of mineralogy and of physics to the most chimerical ideas and the most incredible illusions on the phenomena of nature, other savans have been the sport of their own imagination when contemplating any appearance of the marvellous. Descartes believed seriously in the reveries of the Rosicrucians, and wished to affiliate himself to their society. A celebrated German naturalist, the companion of Captain Cook, George Forster, acknowledged that he had for a time fallen into all the extravagancies of illuminism and alchemy. The acute and refined observer Ramond was at first unable to resist the impostures of Cagliostro; and Arago suffered himself momentarily to be imposed on by Angélique Cottin, a so-called electrical girl. Thus, without doing injustice to men of eminence, who admit the reality of the effects of artificial somnambulism, we may yet suppose that their experiments are not absolutely conclusive. The difficulty of verifying the exactitude of the facts is, that the phenomena which belong to the nervous system evidently in play in animal magnetism, never present themselves with a constant regularity which renders it possible to fix their conditions and their laws. Nothing is more changeful and capricious than neuropathic affections. That which exists to-day may not exist to-morrow. The nervous patient is a true Proteus, changing from one minute to the next, and each case of hysteria, of hypochondria, presents itself with constantly diversified and modifying characteristics. It is the same with mental alienation; the psychical symptoms are wonderfully multiplied and diverse. Every form of insanity has its own peculiar kind of delirium. The great objection urged against animal magnetism and that brought forward by M. Mabru, in a work designed to combat it, is not therefore conclusive. Certainly if there exists, as professed magnetizers assert, a magnetic animal fluid with which all the facts of an intellectual and moral order are connected, we ought to find in its distribution and mode of action



the same regularity that is observable in the electricity and magnetism of the earth. But this chimerical theory will not bear close examination ; it is, as M. Mabru has shown, a tissue of extravagances and of contradictions. This is not the question : it is the verification of physiological and pathological facts whose irregularity cannot fail to rouse our scepticism, since the affections upon which they depend are themselves capricious and variable in their symptoms. There is in animal magnetism one prominent fact too often verified for its reality to be reasonably contested—it is that of sleep and insensibility.

Apart from phenomena provoked by such means, we meet with diseases and conditions in which quite similar phenomena are observed. Although catalepsy is a disease but little known, too many cases have now been studiously observed to leave any doubt as to the peculiar character of the disease. The patient is attacked with a kind of seizure, he becomes suddenly motionless and insensible, he ceases to possess the voluntary power of moving his limbs, which thenceforth retain the position taken at the moment of the seizure, or in which they may be placed. If the disease is very decided it becomes easy to give to the legs, the arms, the head, the most forced attitudes, to impose upon them conditions of equilibrium the most difficult to retain, the body remaining for an almost indefinite time in this most fatiguing position. The cataleptic does not suffer from a feverish condition, his internal economy does not appear to be at all affected, the pulsations of the heart, the respirations, the movements of the intestines continue in their normal state ; the muscles alone become incapable of spontaneous movement, and are subject, like inert bodies, to the influence of external force. The catalepsy may be more or less complete ; it re-appears intermittently, and at times manifests itself without precursory symptoms. The intelligence becomes torpid, but this torpor is frequently preceded by troublesome dreams and actual delirium. The patient may then accidentally fall into a sleep analogous to that produced under the influence of the process used by magnetisers, and if one must still doubt the reality of somnambulism presented by some of the *subjects* by profes-

sion, this fact in itself presents nothing in disagreement with what is to be observed in a certain class of diseases. So much for the state of sleep ; now for the insensibility. It is certain that somnambulists inhale with impunity strongly concentrated ammonia, suffer themselves to be pinched, tickled, pricked, and even wounded, without manifesting the least pain or the slightest sign of sensibility. A celebrated surgeon, M. Jules Cloquet, declares that he has extirpated a tumour from the right breast of a woman while in a magnetic sleep, without observing in her the least expression of uneasiness. Of later date, in 1846, Drs. Loysel and Gibon, of Cherbourg, have removed a cancerous gland from a woman put to sleep by a magnetiser, and who continued in a state of insensibility during the whole of the operation. The following year, a practitioner of Poitiers performed an operation equally painful on a somnambulist, who did not manifest a greater degree of sensibility. These facts, although fully attested, have nevertheless been received with some doubt, but since the discovery of anæsthetics that which before appeared miraculous has become a daily phenomenon. By the toxic influence, cautiously employed, of sulphuric ether, of chloroform, of amylene, a complete insensibility is produced, and one now accomplishes in a few minutes that which twenty years ago astonished Dr. Cloquet. In the sleep produced by the inhalation of anæsthetics, nearly all the same circumstances re-appear as are observed in catalepsy. Not only the insensibility of the somnambulists but the relaxation of their muscles, and the loss of their power of will, are not in contradiction with physiology, and if the employment of toxic agents gives rise to the phenomena of catalepsy and hysteria, why should not the same nervous states be produced by other means ?

The profound sleep and insensibility, the essential part of artificial somnambulism, are not the most remarkable of its effects. Besides these phenomena, a peculiar development, an exaltation of the sensibility, an over-excitement of the intellectual faculties is also produced. It is here that we enter upon the domain of what has been called the marvellous part of magnetism. It has long since been noticed among those subject to hysteria, that nervous symptoms exist, of the

same order as those produced by the magnetic sleep, and in these the vulgar, always inclined to have recourse to the supernatural to explain unfamiliar phenomena, recognize, like the magnetizers, the existence of the miraculous. Hysteria is assuredly one of the most capricious diseases that can be met with. The person attacked by it passes by turns from a state of total prostration, apparently resembling that of death, to one of exaggerated excitement, impressing upon the senses a degree of *finesse* and acuteness unknown in a normal state. Even under the influence of etherization, certain senses, before they are stupefied, pass through a period of super-excitation. The sense of hearing, for example, as Professor Gerdy has observed, after having been sufficiently blunted, so as not to perceive articulate words, apprehends sounds with a resonance which doubles and trebles their intensity. The slightest noise produced in the case of catalepsy described by M. le docteur Puel, produced a sort of electric shock. This sudden and unaccustomed development of nervous sensibility has been taken for a special faculty. It has been supposed that these hysterical subjects are inspired by spirits, or tormented by a devil, since the slightest sensation suffices to make them aware of the presence of a person or of an object; and, since their sense of hearing and that of sight reach very far, they have been supposed to be endowed with the real power of divination and of prophecy. That which confirms the superstitious in this opinion is, that the patients during their paroxysm manifest a strength of memory and a facility and clearness of elocution quite extraordinary. A prey to hallucinations, to visions habitually connected with the ideas which pre-occupy their minds, or excited by the internal and capricious sensations which they experience, they recount in an inspired and decisive manner what they have seen during their delirium, and these recitals were formerly accepted as so many revelations. The chroniclers and annalists of the middle age abound with facts of this sort, which are equally found in the pages of antiquity, and among savage nations. The intelligence is so intimately dependent upon the nervous system, that the latter is never profoundly affected without the consecutive occurrence of delirium, almost always associated

with excessive development of certain intellectual faculties. This is always to be observed in mental alienation ; we are surprised by the force of memory of certain madmen, by their loquacity, which at times attains to eloquence. Van Swieten has related a case of a young dressmaker, who had never shown the slightest talent for poetry, but who composed verses during the delirium of fever. M. Michéa remarks that, in the kind of insanity called *maniacal excitement*, the analogies of words, the resemblance of sounds, present themselves with such rapidity to the mind of the patient, that he makes puns with the greatest facility, and remembers verse better than prose. Tasso felt himself more inspired during his paroxysms of insanity than during his lucid intervals. And M. Michéa himself observed at the hospital of Bicêtre a butcher-boy, who in an attack of mania began to rehearse passages from the *Phèdre* of Racine ; he had only read them once, and after he recovered his senses he could not recall a single verse. Erasmus affirms that he heard a young man at Spoleto who, in an attack of delirium produced by intestinal worms, spoke German fluently, of which he had but a very superficial knowledge. Simple and ignorant men seized with a religious monomania, with reasoning madness, make use of sacred texts and of theological subjects in a manner which is very surprising. The quotations which they have heard in a sermon, the prayers which have struck upon their ears during divine service, are recalled at once to the mind, and they are able to make use of them in their own discourse so as to acquire a kind of inspired tone. Coleridge, in his 'Literary Biography,' has related the case of an insane servant, who, although completely illiterate, repeated Greek sentences taken out of one of the Fathers of the Church, that she had accidentally heard read in a loud voice by the pastor, at a service which she attended.

This extraordinary development of memory has been remarked among magnetic somnambulists. Even in the dreams of ordinary sleep, we recall the memory of objects, of features, of passages of authors, which during waking hours appear totally effaced. Among natural somnambulists this revival of memory is yet more decided.

An Italian, Dr. Pezzi, relates that his nephew, subject to fits of somnambulism, had one day endeavored to recall a passage in a discourse upon Enthusiasm for the Fine Arts. His efforts were unavailing; but, in one of these paroxysms, he not only recalled the passages so often sought for, but cited the volume, the page, the paragraph. Whilst speaking of natural somnambulists, I may remark that there is frequently found in their answers the same precision, the same exactitude of terms, and even the same eloquence, which is observed in the language of so many hysterical people.

The natural somnambulist dreams in action; he walks, he works, he converses under the influence of the dream which engrosses him, and in which external sensations interpose themselves as generative elements, as they frequently do in ordinary dreams. Somnambulists and hysterical people, cataleptics, and ecstasies, all have their visions and their dreams, the reflex more or less of their sensations and their ideas. The same phenomena are produced by the use of anæsthetics; those who are under the influence of etherization have almost always dreams allied to the physiological state in which they then are. At the time of the first experiments which were made in France by means of the inhalation of ether, a celebrated surgeon, M. Langier, caused a young girl of seventeen, whose leg he was obliged to amputate, to respire a mixture of air and vapor of ether. This young girl, who was evidently of a mystical tendency, fell into a state of unmistakable ecstasy. Aroused from it after the operation, she lamented that she had *come back among men*, and asserted that during her sleep she had beheld God and the angels. The same effect is produced upon the brute creation, and Dr. Sandras has remarked that dogs which had inhaled chloroform howled and made gestures, clearly indicating that they were tormented by dreams or a kind of delirium. More recently, the use of amylene has given rise to the same observations. Young girls treated by Dr. Robert were seized with a singular delirium, accompanied by cries, by laughter, and by sobs. We also know that ecstatic visions are produced by the use of opium and haschich.

It is therefore perfectly natural that artificial somnambulism,



which produces a nervous condition analogous to that observed in hysteria, catalepsy, natural somnambulism, and by the inhalation of anæsthetics, should produce the same kind of effects. Thus there is nothing marvellous in what is related of the hyperesthesia or over-excitement of the senses, of the exaggeration of the memory, and of the visions which occur in magnetized persons, which visions sometimes sufficiently resemble the intellectual or sensational condition of the somnambulist. It is for want of appreciating the character of these phenomena that enthusiastic minds, like the credulous public of the middle ages, seek for supernatural solutions. In these phenomena, already very singular of themselves, it is only needful to exaggerate a little the dose of the wonderful, to arrive at the marvellous, and under the influence of the surprise aroused by unexpected phenomena, one throws, as it were unwittingly, into the balance of the mind the overweight which makes it kick the beam on the side of absurdity. The effects of animal magnetism are here connected with those nervous affections which we have referred to above, which commence in the same manner. A great advocate of this doctrine, M. le Baron Dupotet, with an honest but uncritical intelligence tells us, that those who are beginning to be acted upon by magnetism are often seized with prolonged convulsions. This is precisely the case in the use of anæsthetics, and it also constitutes one of the fundamental symptoms of hysteria. Many who are subjected to the inhalation of ether fall into a kind of epilepsy or of frenzy, and I have had occasion to make the same observation in magnetized persons. In the past year, the tribunal of Douai was called upon to judge a cause in which the question at issue was an epileptiform affection produced by animal magnetism. In order to be convinced of the direct affinity of magnetic facts with those of nervous pathology, we have but to study natural somnambulism. From the first, the resemblance is striking between the state into which the magnetized person is plunged, and that manifested by the somnambulist properly so called. It is indeed this resemblance which leads us to conclude that the two phenomena are identical, and induces us to extend the name of somnambulism to the mag-



netic sleep. This confusion greatly hinders the progress of positive knowledge upon the effects of animal magnetism. As it was more easy to magnetize individuals than to discover and observe those who were seized by a true attack of somnambulism, the attention has been wholly directed to what is called artificial somnambulism, to the neglect of the essential or natural somnambulism. Alexander Bertrand drew attention to this latter state, but he confined himself to the collection of published facts which had never been submitted to close scrutiny; not that the said facts ought to be considered apocryphal, but those who collected them did not note the important circumstances upon which the appreciation of the real nature of the phenomena depended. Another earnest experimentalist, M. le Général du Génie Noizet, has, in his 'Mémoire,' only reproduced the same evidence. "I do not speak of natural somnambulism," he writes, "since it is known to every one." This is incorrect, for nothing has been less studied than this condition, although it has been much talked about from hearsay. People have satisfied themselves with superficial statements, and have scarcely ever sought to acquire any real knowledge of the source of the sensations experienced by the somnambulist. Of late years a medical society has been established with a view to the advancement of mental pathology, the Medico-Psychological Society, which has made natural somnambulism the subject of new inquiry and special research, from which it appears that this strange condition exhibits no contradiction to physiological laws. Hitherto diverse theories have been proposed, founded rather on *à priori* conceptions than upon positive observation.

We recognize in the acts of the somnambulist, as in dreaming, an excessive activity of recollection; but this phenomenon is not sufficient to account for all the facts, as examples prove. The celebrated somnambulist, Castelli, when in this state translated Italian into French, searching the dictionary for words. A somnambulist apothecary, whose history is given by Professor Soave de Pavie, got up in the night to prepare his medicines, and when he was in doubt consulted the prescriptions of physicians, which were deposited in a drawer. However powerful the memory, it is impossible to admit

that Castelli knew the Italian and French dictionary, page by page, by heart ; that the apothecary of Pavia simply read again in thought the prescriptions already engraven upon his mind. Thus, the somnambulists see, although their eyes remain insensible to light ; they perceive nothing of surrounding objects, and pursue in a real world the accomplishment of imaginary ideas. This fact has given credit to the opinion that the somnambulist feels and perceives through other channels, by other organs, than men who are awake ; but this is a pure supposition, and observation has long since established the fact that in the state of natural somnambulism all the senses are not shut. Without speaking of the sense of touch, which is known to be sufficiently active, the sense of hearing is obviously only in a partial state of torpor, as is frequently the case in ordinary sleep ; for a person asleep sometimes mingles with his dreams the sounds which happen to strike the ear. Many somnambulists are even sensible to the action of light. Castelli, having extinguished the candle which was placed upon the table while he was at work, groped his way into the kitchen to relight it. Yet, if the eye continues to see, the visual faculty can not wholly resemble ours, since the somnambulist accomplishes in darkness labors of a difficult kind, and walks without fear over roofs and gutters, where in broad daylight and awake he would have great difficulty in guiding his steps.

Dr. Michéa has remarked that it is sufficient to explain this phenomenon if we admit that a slight modification takes place in the visual apparatus. The faculty of seeing in the dark is not wholly unknown. Owls, rats, and cats have so impressible a retina that they clearly distinguish objects by night ; and there are many other animals whose nocturnal habits make the same faculties needful. An excitability of the organ of sight, analogous to that excitability of hearing which causes the hysterical person to hear the slightest noise, would suffice to endow our eyes with the power possessed by other organisms. It is well known that persons affected with nyctalopia (owl-sightedness) can only see in the dark. An increased dilatation of pupil in the case of somnambulists has been accurately proved ; it is not therefore needful to have recourse to a transposition

of the senses to explain actions thus performed by the usual organs. The organ of sight is by no means the only one in a state of over-excitement. The sense of touch, so exquisitely delicate among those who are born blind, comes like memory to the aid of the sight, and this sense also participates in the hyperæsthesia of the other senses.

The study of natural somnambulism shows that it is fundamentally but a dream in action—a sleep in which the senses continue to transmit certain impressions—the limbs and voice to obey the will, similar to what we observe in agitated sleep, where the sleeper talks and gesticulates. The somnambulist acts in conformity with the images which unfold themselves to his imagination; and, absorbed in them, he only sees, he only hears, in order to combine with his dream that which thus strikes upon his over-excited organs of sense. If one speaks to him he replies, following the course of his own ideas, and, like the dreamer, without comparing the fancies which exercise a control over him with real objects which would disclose to him their fantastic nature. It is this state which is produced in magnetic somnambulism; the magnetized person hears only the voice of the magnetizer—he remains a stranger to all that passes around. He is, like the natural somnambulist, absorbed in one idea, one act; and this is the cause of the wonderful precision noticed in both cases. Thus somnambulists are able to do that in a state of sleep which they would not have been able to do when awake; the development of their memory, in all probability, has also a relation with this absolute concentration of the attention upon a single object.

To resume, if natural somnambulism infers greater nervous activity, or even when it is associated with catalepsy, with hysteria, with a morbid state, it is not the less a peculiar form of sleep, and artificial somnambulism is again but a more developed and special form of natural somnambulism.

General Noizet has well established this point by recognizing in these three states three degrees of the same phenomenon; thus considered, somnambulism loses its character of the marvellous, and ranges itself in the order of those phenomena the explanation of which is within reach.

These data lead us at the same time to reduce to their true value the most startling facts related by magnetizers; and as these facts by turns provoked an absolute incredulity and an insane superstition, it is well to pause awhile in order to inquire whether some foundation of truth does not exist, although disguised by credulity and falsehood.

Natural somnambulists do not see, as we have said, without the intervention of the visual apparatus; but after very inexact observations, it is believed that magnetized persons perceive by the pit of the stomach, by the occiput, by the forehead, and even by the ends of the fingers.\* Alexander Bertrand has admitted this fact. Here is the origin of error; the somnambulists, like hysterical persons when suffering from a violent crisis of nervous excitement, the seat of which they unhesitatingly assert to be the epigastrium, imagine, like many persons with hallucinations, that they experience sensations in parts of the body which are not in the least affected. This phenomenon proceeds from sympathetic disease, analogous to that experienced by young girls afflicted with chlorosis, and who imagine, from the effect of the circulation of blood in the arteries re-acting forcibly upon the organ of hearing, that they actually do hear harmonious chants. The proof which is attempted to be drawn from natural somnambulism in favor of the transposition of the senses in the magnetic state, comes to nothing under a careful verification made of the phenomena. So much for the first wonder; let us pass on to the second. Much has been said of the power of prevision possessed by magnetic somnambulists. The origin of this belief should be sought for in the visions or dreams, more or less in connection with outward things, of cataleptics and somnambulists, and in which, with a little complaisance, people have been able to discover a kind of intuition of the past, of the distant, or of the future. Of these pretended prophecies, there have been none which have been realized in earnest. M. Mabru has furnished us with curious speci-

\* On the pretended power of vision of somnambulists, and the supposed effect of closing their eyes, see '*La Médecine et les Médécins*,' par M. Piesse, t. i, p. 98, et seq.

mens of them, little calculated to elevate our opinion of the judgment of the somnambulists, if indeed somnambulists had any thing to do with them ; for most frequently these fortune-tellers in the hire of a charlatan are much more wide awake than the lookers-on. There is another species of fore-knowledge, which some have urged in preference, and which is used as a pretext to take advantage of credulous patients. It is seeing through the body of another, therapeutic intuition, the fore-knowledge of remedies. These are pure chimeras, and perhaps are to be explained by the opinion, sometimes sufficiently correct, which patients who have been somnambulists have of the treatment which is suitable for themselves. Many suffering persons show the same instinct, [manifested also among the lower animals], without being gifted on that account with magnetic faculties ; but the pretence of curing the infirmities and pains of the wretched who are beyond the reach of medicine is too favorable to the interests of certain magnetizers to confess that it is an empty one. Those somnambulists who possess, as they say, the inspired knowledge of medicines have not been able to discover a single specific, but drag themselves along the beaten ruts of the pharmacopœia, which they do not understand.

According to the avowal of grave and honest observers, the knowledge of disease which the somnambulists possess reduces itself to the consciousness, more or less clear, of those special modifications of the organism which exist in themselves. This phenomenon is one of which animal magnetism can not claim the monopoly. In many diseases, and specially in nervous diseases, the consciousness of the approaching crisis is manifested in a striking manner ; but this feeling, more frequently vague than precise, is in reality but a first symptom of the disease. Insane and hysterical persons predict their attack ; epileptics frequently recognize in a precursory malaise the approaching crisis. It is conceivable, without the aid of supposing the possession of the gift of prophesy, that this faculty of foreseeing the changes that are about to take place in the organism may be very pronounced in such persons as somnambulists, whose sensibility is over excited. Besides, if in certain cases the somnambulists



predict exactly the moment when a certain crisis will begin or end, it happens to them also to be grossly deceived, even according to the avowal of the adepts of animal magnetism themselves; and they never foresee the independent or accessory circumstances which may expedite, arrest, or retard the attack or the moment of its cure. The predictions, sometimes surprisingly exact, depend moreover upon a marked feeling of time, which has been noted by observers of credit, especially by General Noizet, and quite recently by Dr. Pucl, in a cataleptic whom he had submitted to the observation of the Academy of Medicine.

Ordinary sleep furnishes us with examples of the like kind. Do not some persons awake precisely at the hour they had mentally fixed upon beforehand? The animals, who have neither clocks nor watches, possess the same instinct, and I know a dog who recognizes with extreme precision the hour at which they ought to bring his dinner. This is a fresh analogy between sleep and the state of somnambulism worth noting; nevertheless, the fact itself yet needs conclusive verification. Not only does recollection act with extreme clearness in the state of somnambulism, but it manifests itself from crisis to crisis, in such a manner that we observe the somnambulist in certain paroxysms is able to work out actions which are the results of those which had their commencement during a former paroxysm, though during the lucid interval the idea had been completely forgotten. This singular fact has been observed in the most conclusive manner by MM. Arehamboult and Meslet, in the case of a natural somnambulist who was also cataleptic and hysterical. During her paroxysms she was seized with a suicidal monomania, which disappeared during wakefulness, and of which she had not even the idea; she succeeded in successive crises to complete her preparations for self-destruction. So also among magnetized somnambulists, the recollection of answers given during a previous paroxysm, effaced during the interval, recur with extreme lucidity.

A quite similar fact occurs in dreams, and I have myself followed out in a dream a succession of imaginary actions which had been begun in previous dreams, and which I then remembered distinctly,



although when awake I had quite forgotten them. This remarkable phenomenon has greatly contributed to the opinion that the somnambulic state is a distinct intellectual existence, carrying us into a world in which the thoughts of waking life can not penetrate; but we need only seek in this a revival of memories like those which I have already indicated. Indeed, many observers affirm that they have proved in cases which are certainly rare, and which reflect ideas of very simple order, that an intercommunication exists between the thought of the magnetizer and the magnetized. I own, the fact appears to me very doubtful; but that which I am about to remark concerning hypnotism will explain how a phenomenon of this sort, if it is demonstrated, will yet find an explanation without necessitating any of those supernatural relations which people have desired to establish.

2d. We learn, therefore, that the facts correctly described as belonging to artificial somnambulism are by no means incompatible with those which are furnished by common observation, and therefore there can be no reason to contest their possibility; but if those phenomena are possible, and if they belong to the category of those which have been so many times proved to exist, are they absolutely produced by those means which the magnetizers employ? If the magnetic fluid is a chimerical entity, how comes it that the singular passes and gestures which they call magnetism are able to induce a state approaching to that of catalepsy, and to produce artificial powers like those which exist in somnambulism, which appears an idiosyncrasy? A second question presents itself naturally at this point, and the answer which one must give must serve as a contradiction to the preceding verification. Many persons recognize the possibility and reality of certain magnetic phenomena, while they absolutely deny that in them magnetism goes for any thing. They note that the proceedings which the magnetizers employ are extremely varied and without apparent connection, and that the so-called magnetic faculty acts very differently upon different individuals, most frequently ending in no result whatever; they thus conclude that the real cause of the phenomena is the impression made upon the imagination of

the person magnetized. Those who sink into the somnambulic state are the very persons who have previously been subject to nervous disorders, or those who possess a very impressionable temperament. Under the dominion of a prepossession, of a sort of fearful attention, they end by passing into a true hysterical or cataleptic crisis; and these effects are attributed to animal magnetism which are simply due to a transitory state of disease.

This opinion is very plausible, and supported by observation apparently decisive. An enthusiastic partisan of animal magnetism, whose testimony I have already invoked, Baron Dupotet, states, that placing himself in close proximity to certain persons convinced that he was about to magnetize them, he saw them fall into a somnambulic state, although he had used no magnetic process, and had not even had it in his mind to do so. It must have been purely the influence of imagination which produced all the effects of magnetism. Some magnetizers (the celebrated Abbé Faria, for example), in order to put their patients to sleep have only had recourse to the force of volition; regarding them with a fixed expression, at the single word *sleep*, they instantly fell asleep. One could easily, I am convinced, deceive a magnetizer so confident in the possession of his power; but the General Noizet himself avows that he has felt the influence of this terrible command to *sleep*. Scarcely had he heard the sound when, as it were, a thick veil spread itself before his eyes; a lassitude crept over him, accompanied with a slight perspiration and a great oppression at the stomach; nevertheless, although he had repeated experience of it, the emotion produced never quite merged into sleep.

All this certainly resembles the effects produced upon the imagination, and when we compare the vast difference which separates the proceedings used by Mesmer from those of M. de Puysegur, we are struck by the similarity of the results obtained by methods so varied; and we are naturally led to recognize in magnetism, as in the operations of the magician, nothing more than a means of making an impression upon the mind, and preparing it for every kind of illusion.

In such cases there is always a fear of resting satisfied with words.

Thus, we may fairly inquire of the advocates of animal magnetism, What is this power that so works upon the imagination? In what does it consist? And, is not the expression itself an elastic one, which excuses from investigation of the phenomenon? It is evident, that whenever a psychological state is produced, it is accompanied by a corresponding physiological state.

The delirium of the feverish patient, like the hallucination of the maniac, proceeds from a real disturbance of the cerebral and nervous action, which, although not yet defined and recognized, has not the less its peculiar character. It may be that the imagination is impressed, but what is it which takes place in our economy when such a psychological phenomenon occurs? The recent observations made upon hypnotism seem to furnish us with the reply. Fifteen years ago, a medical man at Manchester, Dr. James Braid, who gave his attention to the study of magnetism, discovered a new process, by which he threw his patients into the somnambulic sleep. He took a brilliant object, a lancet-case for instance, and held it before the person whom he proposed to send to sleep, at a distance of thirty centimètres from the eyes, and in such a position that the gaze of the latter would be constantly fixed upon the lancet-case presented somewhat above the forehead; he invited the patient to think of nothing besides the object, held in such a manner as to dazzle his sight.

The effect produced was as follows. The pupils of the person subjected to the experiment, after having been for a moment contracted, were greatly dilated, the eyes themselves were afterwards affected with a kind of tremor; cataleptic sleep followed, the senses and certain mental faculties entered into a singular state of exaltation, the muscles assumed an extreme mobility; at length this period of over-excitement was succeeded by one of torpor and immobility with insensibility.

Latterly two medical men, MM. Azam and Broca, at the Necker Hospital, performed upon some young women upon whom they desired to operate the experiment described by Braid. The success was complete: the patients fell into a state of manifest anæsthesia; their limbs assumed the cataleptic rigidity, and remained insensible to pin-

ches and punctures, so that the operation could be performed without pain. It was only after removing the brilliant object from before the eyes, and by the assistance of a slight friction which was made in the same spot, and by blowing upon it with cold air, that after more than twenty minutes from the cataleptic attack, any of the patients were awakened.

The process of re-awakening is, as we observe, precisely the same as that which is used by magnetizers in the case of their somnambulists.

Is there nothing more here than the mere influence of imagination? This is difficult to believe; certainly a pathological effect is produced. But there is a yet more convincing argument. M. Michéa made experiments with pullets and cocks, whose heads he held, and upon whose beaks, from the root downwards, he had traced a straight line with a piece of chalk. The bird was placed upon a green bench or upon a floor, the beak touching it, and the chalk line continued upon the bench or floor; the bird, who before the operation had stood strong on its feet, and with its eyes very movable, at the end of some minutes began to blink the eyelids, then its muscles became relaxed, and anaesthesia and catalepsy manifested themselves; the fowl no longer felt pinches or pricks of a needle. The awaking was usually indicated by a feeble cry from the creature, which recommenced its movement and made an effort to escape. This curious experiment had already been described more than two hundred years before by Father Kercher, under the name of *antinobolism*, in his '*Ars Magna*;' but the explanation given of it by this learned Jesuit is inadmissible. M. Guerry has also found it recorded, with details which permit of no mistake, in a work now very rare, the '*Deliciae Physico-Mathematicae*' of Daniel Schwenter, published in 1636.

This phenomenon was well known to jugglers, who communicated it to each other as a magic secret for sending cocks to sleep at will.

In the face of experiments of this kind repeated again and again, it is no longer possible to recognise merely the effect of the imagination; there is something more than this; a true vertigo is undoubt-

edly produced in consequence of the fixedness of the dazzled gaze, and it is a long while ago that the fact of this vertigo has been established, and also since superstition has made use of it. In the first half of the sixteenth century the monks of Mount Athos, after having remained a long time with their eyes directed on their navel, and with the mind absorbed in contemplation of it, imagined that they perceived the divine light by which Jesus Christ was environed on Tabor. For this they were named *Omphalopsychiques* or *Ombilicains*. The singular process which they employed to bring the Deity visibly before them had already been extolled as early as the eleventh century by an abbé of the monastery of Zerocerque, at Constantinople. Simeon, in his 'Traité Spirituel,' makes mention of a sort of sleep accompanied by visions produced in this manner. By fixing an earnest look upon some natural object so as to draw the attention and to impress the object upon the retina by the absorption of thought in the contemplation of it, a vertigo, followed by catalepsy, declares itself.

In the opinion of physiologists, this process has the effect of inducing an hyperæmic or plethoric state of the brain, which is the source of the phenomenon. In the same manner afflux of blood to the brain, accompanied by a certain nervous excitement, is known to occasion various diseased conditions of the nervous system. In girls and in young women whose circulation and periodical functions are not in a regular condition, hysteria has no other cause.

Excessive attention always induces a slight degree of cerebral hyperæmia. Dr. Baillarger relates the case of a young man who had a fit of epilepsy whenever in reading he found a word or expression which puzzled him, commanding a greater amount of attention than usual. A too vivid impression upon the retina produces the same effect, and Dr. Priorry relates that a young girl became epileptic from gazing fixedly at the sun. M. Tigri, a celebrated physiologist, has also directed attention, in a note directed to the Academy of Sciences, to the fact that the processes used by magnetizers produce the same effect as hypnotism, since they desire the patient to keep his gaze constantly directed to the eyes of the magnetizer usually placed



above him, seeing that he is standing, and the magnetized lying down or sitting. This attitude of the patient induces a prolonged convergent strabismus, which, conjoined with the attention which they command him to keep up, throws him into a state of vertigo identical with that which was obtained by Braid and his imitators—a vertigo which has its result in catalepsy.

The practices made use of by magnetizers are not then illusory ; they have their effect, but this effect is not produced in the manner which the defenders of animal magnetism suppose. All the power which they possess depends upon this, that they give occasion to an excessive attention which results, in delicate and nervous organizations, in an hysterical or cataleptic condition. Behold the reason why there are no *subjects* who are fit to become magnetized, except those who are easily impressionable, or whose nerves are already diseased ; and hypnotism also only succeeds with persons of the like condition.

Anæsthetic agents even do not re-act equally upon all temperaments, and there are persons who are completely rebellious against the action of ether and amylene. If the impressionability is such that a fixed look is sufficient to provoke vertigo, when this fixed look is, like that of the Abbé Faria, endowed with a vivacity and a power which trouble and terrify, the eye of the magnetizer will play the same rôle as that of the lancet-case or the plate of polished metal. This appears to have taken place in the case of the nuns at Loudon ; the gaze of Urban Grandier made them beside themselves, and all the phenomena of catalepsy and hysteria were developed in them upon one occasion, when they had for à long time contemplated his face under the dominion of a combination of terror and amorosness, well calculated to throw their feeble imaginations into disorder.

To this it must be added, that the nervous disease once established propagates itself by imitation. Every medical man knows that disorders of this kind are contagious by the sight only. Epilepsy, hysteria, insanity, propagate themselves in this manner. Hecker has written the history of those strange epidemics which were peculiarly



developed under the influence of superstitious beliefs, and of which from the very beginning Dr. Calmeil has drawn so interesting a picture in his work 'De la Folie.' Of late, in the North of Ireland, a convulsive affection manifested itself, accompanied by hallucinations, with symptoms altogether analogous to those which have been described. Wretched young women, whose imagination has been wrought upon by the preaching of fanatics, fall into an attack of catalepsy, which has been represented as a supernatural ecstasy, and a communication with the Divine Being. Moreover, there is no one who has not experienced the same influence of example in the nervous spasm called gaping.

Natural somnambulism may thus assume the character of a contagion; for recent observations establish the close affinity between this state and hysteria and catalepsy. Pezzi relates that his nephew was seized with a paroxysm of somnambulism after having read much on the subject of this bizarre affection, and soon afterwards the female servant who attended him was in her turn attacked.

The dreams or visions which arise during the crises of almost all these nervous diseases are certainly capricious in their origin. They are in close relation with the peculiar sensations of the hysteric person or the somnambulist; they reflect the pre-occupations of his mind, and above all the modifications which are taking place in his organization. According to Mr. Braid and M. Azam, these dreams and visions can be excited in hypnotized persons (whose senses acquire a singular acuteness) by movements which they are made to execute, or even by ideas which are suggested to them. I have oftentimes had occasion to remark, that in replying to a person asleep, the train of thought can be led to objects which become to him the subject of new dreams. An analogous fact can be produced in somnambulists. In this way the phenomena of *suggestion*, and that which has been called *communication of thought*, are to be explained. The postures in which the somnambulists are fixed produce in their minds certain visions, which are found to be in conformity with the ideas of the magnetizer who has made them take that posture. It is surely by a like influence of the physical state

upon the brain that drunkards or etherized persons have constantly in their hallucinations the same illusions, the same frenzied mental occupations. We may instance the house of Tropea, in Calabria, in which there was the barrack of a French regiment ; the locality was low and unwholesome, and when people passed the night there they generally dreamed of a black dog. The physical and moral influence of this dwelling reproduced in each sleeper the same physiological condition, resulting in the same dream.

Paralytic insanity is almost invariably allied to ideas of riches and grandeur, which have given to the earlier phase of this disease the name of *monomania of ambition*. This is a new proof of the dependence of certain hallucinations upon particular disorders of the brain and the nervous system.

This significant relation explains the sympathy, and renders possible the concomitant production of the same ideas in persons of analogous organization, or who are placed in the same physiological conditions. If, as Adam Smith has remarked, sympathy proceeds less from the spectacle of the passion than from the sight of the circumstances which excite it, so much the more reason would there be for its origin from an affinity in the relations of the economy—from a sort of harmony pre-established between two temperaments subjected to identical physiological and physical influences ; and we need not have recourse to a mysterious transmission of thoughts, to explain why the same image presents itself simultaneously to both imaginations. But they go still further. According to experimentalists,—I speak of real experimentalists, such as General Noizet and Dr. Puel,—the magnetizer is able to suggest to the somnambulist some opinion or veritable delirious idea, under the dominion of which he for some time remains ; in a word, he makes him dream as he wills. The verification of this phenomenon is delicate, for it is always easy to dupe the magnetizer ; and two intelligent men, strong partisans of animal magnetism, Deluze and Puysegur, appear to have been more than once mystified in this manner. Even if the fact becomes definitely established, we can only see in it an extension of

the phenomenon under which the facts above described arrange themselves.

According to the observation of General Noizet, there are persons of such organization and sensibility, that it is sufficient to recall forcibly to them the idea of certain modifications of their being, in order that these same modifications should produce themselves in them. It is this which may possibly occur in somnambulism, when the nerves are a prey to incredible over-excitement. I have instanced above the example of gaping ; we know that the very idea of gaping provokes it. Among hypochondriacs and hysterical people we see pain arise, and this symptom manifests itself by the conviction alone that the evil exists. Examples are not rare of persons who persuade themselves into the belief that they have such and such morbid affections, and shortly the symptoms of such affections manifest themselves. It is sufficient to tranquilize the mind, and to divert the attention, in order to make the evil disappear. If, then, observers, whom I am about to mention, maintain that cases of imaginary paralysis have been superinduced in somnambulists, and even in persons simply placed under the dominion of a strong impression, as occurred in the salon of the Abbé Faria, this is only by the re-action of the mind upon the brain and nervous system producing the same sensations which would result from any really morbid cause. All this will explain why somnambulists have need of faith in order that they may be influenced ; not that this faith may be a safeguard which the charlatan demands, but that it is the very condition which establishes a closer relation between the imagination and the organism.

But let us not forget that the phenomenon of suggestion is not yet a fact sufficiently known, and that it will be prudent, before pronouncing on the matter, to wait for more conclusive experiments. We can not yet, in the actual state of our knowledge, give an explanation of all the circumstances which attend the state of hypnotism ; but the manner by which it is produced, and the phenomena induced by it, place it in the class of those disorders, the type of which is the exaltation and the almost simultaneous stupefaction of the senses.

It is a nervous sleep provoked, like somnambulie catalepsy, by a vertigo surrendering the sensibility to the disorders and eccentricities which are inseparable from all neuropathic affections. Therefore, what may be called the naturalism of artificial somnambulism, and the efficacy of the means employed by the magnetizers, are facts which now belong to more serious and discriminating investigations.

These authentic phenomena have nothing to do with miracles or magic. They come within the regular, although exceptional, order of things; for exceptions have their laws like facts of daily occurrence. They never contradict the knowledge that observation and experiment afford to us, but they enlarge the field of it. They do not transport us into the clouds and the more elevated region of the supernatural, but they leave us upon the firm ground of terrestrial phenomena—the only ground upon which we know how to direct our steps. I confess that this ground is sometimes monotonous and wearisome; it is strewn with briars and stones: one is often tempted to quit it, to soar into space, surrendering oneself to the free wings of imagination; but if we yield to the temptation, we fall heavy like Simon the magician, and reason, if it is not entirely destroyed, is broken by the shock. The physiological theories which have been made use of as scaffolding in the mystico-magnetic speculations are enterprises of this kind, always imprudent, often fatal; and the wrong which the adepts have inflicted has been to associate such theories with observations, whose value they have thus compromised.

When once the mind of man is turned inwards, to the infinite, which he can neither grasp nor comprehend, he no longer perceives any thing except his own sensations; he gazes as if in a magnifying mirror, which returns to him his own image. The hallucinations of sleep, of catalepsy, of ecstasy, and of somnambulism are like the turning and talking tables, which never give an answer, except what one has already in one's thought, in one's fear, or in one's hope. Assuredly there is within us something more than this inert and unreasoning matter, food for worms, and to be crumbled into dust; but the mysterious principle which animates us pervades the actions of our waking moments, as it does those of sleep, whether it be

cataleptic or magnetic. Moreover, in this latter state, the mind more easily becomes the puppet of the imagination and of the senses, because the will is passive. Our mind altogether succumbs to the forcible influence of the images which take their rise in the spontaneous movements of the cerebral or nervous fibres. In sleep we pass, up to a certain point, unwittingly into the instinctive life, which is that of animals. Reason, that sublime conquest of experience, that achievement of the judgment, altogether leaves us, or at least gives us but some glimmering light, by which we are thrown into incertitude as to the true character of the visions which possess us. In short, our personality loses the feeling of its identity; and this is one of the strongest proofs that the *Ego* is distinct from an organization which is constantly renewed and transformed; for when the somnambulist and even the ordinary dreamer awakes, he forgets every thing, and it seems to him that another individual has said and done all that which has reference to himself.

It is not in such unnatural states, when man becomes a mere creature of instinct, a kind of automaton, that God, the supreme and eternal Reason, reveals Himself to us; for then the mere animals would be nearer to the Divine life than man himself. We must seek for something else in somnambulism. This phenomenon gives us information respecting certain close relations between the organism and the intelligence, respecting certain means by which may be displayed to our notice the domination of a troubled and diseased economy over the imagination, which takes the elements (rudimentary forms) of its creations from the body, when the mind by its irregular and external activity ceases to furnish them. Animal magnetism is also a means of imparting to the nervous system a tone which it needs, or of calming an over-excitement by which it is exhausted. It has been employed by many medical men as a curative means in neuropathic affections, in which ordinary therapeutics have been unavailing. It has assuaged the excess of pain; it has induced sleep, "the sweet restorer," after prolonged crises; in some cases it has supplied the place of anæsthetics. This is the amount of its claim to our gratitude.



To enlighten man upon the sources of action which his organism obeys, to assuage his sufferings, these assuredly are gifts which philosophy does not possess, and which do honor to science. These powers claim for animal magnetism something more than that disdainful indifference with which one points at the charlatan, but which will be unjustifiable when earnest and honest men submit to us the facts which have long been the objects of their study.

---

## BIBLIOGRAPHICAL.

---

### REPORTS OF AMERICAN ASYLUMS.

1. *Reports of the Board of Visitors, Trustees, Treasurer, and Superintendent of the New Hampshire Asylum for the Insane.* For year ending April 30, 1861.
2. *Twenty-Fifth Annual Report of the Officers of the Vermont Asylum for the Insane.* For year ending July 31, 1861.
3. *Seventh Annual Report of the Trustees of the [Mass.] State Lunatic Hospital at Taunton.* For year ending Sept. 30, 1860.
4. *Fifth Annual Report of the Trustees of the [Mass.] State Lunatic Hospital at Northampton.* For year ending September 30, 1860.
5. *Thirty-Seventh Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn.* For year ending March 31, 1861.
6. *Eighteenth Annual Report of the Managers of the N. Y. State Lunatic Asylum.* For year ending November 30, 1860.
7. *Annual Report of the Resident Physician of the Kings County [N. Y.] Lunatic Asylum.* For year ending July 31, 1861.
8. *Forty-Fourth Annual Report on the State of the Asylum for the Relief of Persons deprived of the use of their Reason.* For year ending February 28, 1861.



9. *Fifth Annual Report of the Board of Visitors and Superintendent of the Government Hospital for the Insane.* For year ending June 30, 1860.
10. *Report of the Board of Managers of the Lunatic Asylum of the State of Missouri.* For two years ending Nov. 26, 1860.
11. *Report of the Medical Superintendent of the Kentucky Eastern Lunatic Asylum.* For year ending September 30, 1861.
12. *Report of the President and Directors of the Western [Va.] Lunatic Asylum.* For year ending November 30, 1860.
13. *Report of the President and Directors and Superintendent of the Insane Asylum of North Carolina.* For two years ending October 31, 1860.
14. *Annual Report of the Board of Administrators of the Insane Asylum at Jackson [La.].* For the year 1860.
15. *Annual Report of the Board of Trustees of the Wisconsin State Hospital for the Insane.* For the year 1860.
16. *Report of the Medical Superintendent of the Provincial Lunatic Asylum, Toronto, C. W.* For the year 1860.
17. *Report of the Board of Commissioners and the Superintendent of the Provincial Lunatic Asylum of New Brunswick.* For year ending October 31, 1860.
18. *Third Report of the Medical Superintendent of the Provincial Hospital for the Insane, Halifax, N. S.* For the year 1860.

1. THE twentieth Annual Report of the New Hampshire Asylum affords matter of sincere gratulation to the friends of the institution, and of the insane of that State. To meet the increasing want of accommodation, the Asylum has three times in its history been enlarged by additions to the wings, thus creating a disproportion between the central and other parts of the building, which greatly hindered practical operations, and impaired the symmetry of the edifice. This difficulty has been removed during the past year, and the Asylum has finally been brought into a perfect and completed state, by the enlargement of the central building. The institution can now accommodate two hundred and twenty-five patients, instead of ninety-six, the number at first provided for. A bowling-room, and other means of amusement, have also been added since the last Report.

The following general results of treatment in the Asylum for nearly nineteen years are given :—

“ Its records show that, from October, 1842, to May, 1861, it has had under treatment eighteen hundred and forty-one patients, eight hundred and three of whom have been discharged as ‘ recovered,’ three hundred and sixty-two as ‘ partially recovered,’ and one hundred and ninety-six of those living at the end of the fiscal year, April 30, 1861, were inmates of the institution. In other words, about forty-four per cent. of this whole number have left the Asylum restored to soundness of mind, about twenty per cent. greatly improved, while about ten per cent. are still under treatment.”

Even under the increased capacity of the Asylum, it has been more nearly filled than ever before. The largest number at any one time was 201.

There were remaining at the close of the year 196. 106 were admitted during the year, and 94 discharged. Of the latter, 34 were recovered, 34 improved, 10 unimproved, and 16 died.

The following remarks, showing the relations of the curability of mental disease to its duration, are of interest :—

“ Of all admitted during the last year only fifty-six were recent attacks of insanity, while fifty, or nearly one-half, were persons in whom the disease had existed for longer or shorter periods ; in most, more than one year, and in many, several years ; and nearly all of the latter class had passed the period which affords much hope of recovery. This fact is important to be noticed as connected with the statistics of recovery from insanity in hospitals, and in many instances will explain the great diversity of percentage of recovery in different institutions. Various circumstances bring into some institutions a much larger percentage of recent attacks, while others, differently situated, receive a larger proportion of chronic cases. In the former we find the percentage of recoveries much higher. In the long run the same thing appears in comparing one year with another in the same institution. Eighty per cent. of the recoveries of the past year have been from those admitted while the disease was recent, while only twenty per cent. are from those who were allowed to remain without proper treatment for a long time after the attack.”

2. The twenty-fourth annual Report of the Vermont Asylum, from the unusual termination of the fiscal year of that institution, was not noticed in this Journal. It recorded a steady increase in

the pressure for admissions to the Asylum, and the adoption of a plan for enlarging its capacity, which has since been carried into effect. One story has been added to the entire building, and nearly a hundred additional rooms thereby furnished. This addition does not, however, by so much increase the accommodations of the Asylum, as the basement-rooms for patients have all been converted into store-rooms.

It is greatly to be lamented, we think, that, with so large and well managed an Asylum, the Trustees and State authorities have not made greater efforts to bring the curable insane of the State more generally under its care and treatment. Only a few more than half the patients of the Asylum are either wholly or in part supported at public expense, and it is stated that "as a general rule these patients are incurable." To say that "it affords to many an opportunity to furnish their hopelessly insane friends with a retreat where they can be more comfortable than at home, and at the same time at a cheap rate," is not claiming the highest degree of usefulness which should belong to the sole institution for the treatment of insanity in the State.

The general statistics for the year are : Admitted, 140 ; discharged, 138 ; remaining, 438. Of those discharged, 56 were recovered, 29 improved, 21 unimproved, and 32 died.

3. Dr. Choate considers the condition of the Taunton Hospital under the several heads of "numbers and capacity ; curative results ; means of carrying out its designs ; and financial position." Under the first head he traces the steady progress of crowding the institution, from the close of the first year, when it was filled to its proper capacity of 250 patients, to the present year, when 392 patients, or 58 per cent. more than the full number, were provided for within its walls.

In spite of the difficulties under which treatment has been afforded, the curative results of the past year have been more satisfactory than ever before ; 101, or 41 per cent. of the number admitted, and 28 per cent. of the average population, having been discharged re-

covered. This increased proportion of recoveries is no doubt partially accounted for by the fact, that "during the past year no cases have been admitted into the Hospital not strictly belonging to the class which it was designed to accommodate."

Among the improved means for care and treatment are the separation of several rooms, connected with the central building and with reception-rooms, for the special use of the sick. An increased supply of water has been secured, and ample fixtures and other securities against fire introduced.

215 patients were admitted during the year, 225 were discharged, and 361 remained. Of those discharged, 101 were recovered, 27 improved, 50 unimproved, and 47 had died.

In commenting upon the table showing the character of insanity in those admitted, Dr. Choate says :—

"No cases have been admitted during the year which could fairly be placed under the head of monomania, although many of a single prominent and urgent delusion have been received. The prevailing popular idea, that many persons are insane only upon one subject, though apparently correct, is unquestionably fallacious. The prominence of a single delusion or of false ideas upon one class of subjects, should prompt us only to a deeper investigation, which will almost invariably disclose to us a general impairment of the intellectual faculties.

"A few cases have occurred during the year of such marked peculiarity as to deserve particular mention.

"One of these, a young lady of more than ordinary native intelligence and of considerable cultivation, is firmly possessed of the idea that her hip is dislocated, and that she is helpless. So prominent and urgent is this delusion, that at first sight one would be inclined to place the case in the class of monomania, but further examination discloses other not less curious but more latent delusions.

"Another, a man of little education, after attending a horse-race and becoming intensely interested in the result, returned home firm in the belief in the marvellous speed which he could develop by proper training in a favorite mare, and immediately began to devote himself to the task of bringing out her latent powers by the administration of the most rich and costly articles of food and expensive wines and liquors. His interest in his self-imposed task in the course of a week reached such a height that neither night nor day could he be induced to desert his post by the side of his pet; and when urgent persuasion was tried he became exceedingly violent and dangerous.

"This case, too, on the face apparently monomania, shows to a

deeper scrutiny the marks of the initiatory stage of permanent general disease, of which his strange conduct is merely one of the symptoms."

Among the causes of death in those deceased, "softening of the brain" is attributed in five cases. Of these Dr. C. remarks:—

"Softening of the brain, or, as it is more properly denominated at the present time, general paralysis, stands third on the list, being recorded as the cause of death in about one-tenth of the whole number."

We are aware that to make softening of the brain synonymous with general paralysis, is, in the above paragraph, only a yielding to the general tendency among medical men to give up all attempts at exactness in the distinction of obscure and rare affections. But it seems to us essential to scientific progress that this tendency should not be countenanced. Paralysis of any kind is only one of the symptoms or results of softening of the brain, and is by no means most commonly dependent upon such a lesion. Softening of the brain is rarely found in cases of general paralysis, whose pathological conditions are considered to belong to the entire nervous system, and not especially to the cerebral ganglia.

4. The Hospital at Northampton closed its fiscal year with 315 patients, 65 more than the estimated capacity of the institution at its opening. It is thought by the Trustees that a somewhat larger number may be provided for without fear of ill results. 57 of those admitted during the year were received from the over-crowded Hospitals at Taunton and Worcester. Of the 101 patients admitted, 62 were of Irish nativity.

The general statistics are: Admitted, 167; discharged, 82; remaining, 315. Of those discharged, 33 were recovered, 18 improved, 4 unimproved, and 27 had died.

5. Dr. Butler devotes a large portion of his Report to the subject of amusements for the insane, and to a detail of the progress made in obtaining subscriptions to an "Amusement Fund." Nearly \$12-000, the amount required, had been secured within a year. The

desired means of amusement and comfort to the patients are, "1. A conservatory for flowers, &c. 2. A bowling-alley, with room for a bagatelle-board, and for calisthenic exercises, &c., for the exclusive use of ladies. 3. A small, neat, and tasteful building for a museum or reading-room, for gentlemen. 4. The laying-out and decoration of grounds. 5. A piano for the Amusement Hall, and libraries for Sunday reading." Certainly, here is a most liberal and well-judged plan of means for the relief of the wearisome and monotonous life of an asylum for the insane. Dr. Butler may well be highly gratified at the assured success of such an undertaking.

The general statistics for the year are : Admitted, 164 ; discharged, 165 ; remaining, 226. Discharged recovered 75, improved 53, unimproved 27, died 9.

6. At the date of Dr. Gray's Report, 517 patients were under treatment in the Asylum at Utica. 337 had been admitted during the year, and 339 discharged. Of the latter 105 were recovered, 56 improved, 136 unimproved, and 42 died.

Nine of the number of deaths were from general paralysis. These cases were all of males, and the main particulars in each are detailed in the Report. Dr. Gray also tabulates the annual admissions and mortality from the disease since it was first recognized in the institution, in 1849. During the twelve years, 54 cases, of which 49 were males and 5 females, had been admitted, and 46, of which 42 were males and 4 females, had died.

In one remarkable case, death was caused by fracture of the sternum and seven ribs, inflicted upon a maniacal patient before admission. The chief points of medical interest, were the effects of acute mania in preventing the manifestation of pain and the limitation of muscular movements in surgical injuries, and in delaying the progress of inflammation at the seat of a fracture. In regard to the circumstances of the accident Dr. Gray remarks :—

"Subsequent investigation as to the origin of these injuries, proved that on the day preceding the admission of the patient to the asylum he came into violent collision with a brother-in-law, and was



struck in the breast with great force by the head of the latter. He succumbed immediately from the shock of the encounter, and exhibited such extreme prostration that the physician called in attendance expressed doubts if the injured man would ever speak again; and prescribed stimulants to induce reaction. The friends accompanying the patient to the asylum suppressed these facts."

Notwithstanding this, the patient partially revived, and on the next day was brought to the Asylum; but neither during the journey, nor within the first week of his treatment, did he complain of pain, or present any other symptom indicating the serious injury he had suffered. He died on the seventeenth day after his reception, of inflammation of the pleuræ and lungs.

After this patient's death, considerable popular excitement, in the town from which he came, arose upon the suspicion that he had received his injuries at the Asylum. The Managers of the institution at once appointed a committee of their number "to examine all the persons at the Asylum having any knowledge of the circumstances attending the reception, residence, and death" of the patient. Of the result of this we quote from the Manager's Report:—

"That committee made a careful examination of the officers and attendants who had charge or care of the patient, and were entirely satisfied that he received no injury whatever while at the Asylum, but was, in all respects, properly and kindly treated, and that he must have died from the effect of injuries received, in some way, before he was admitted as a patient."

Subsequently a very careful and extended investigation of the matter by a committee of the State Legislature resulted in exonerating the officers and attendants of the Asylum from all blame, and brought out some very valuable opinions and experience upon questions of surgery and physiology, in their relations to mental disorder. These can not be noticed here, but we hope may be presented to the profession at some future time.

"The Managers, after the investigation made under their own direction, and after the report of the legislative committee, passed resolutions to be placed upon their own records, in which they expressed the following conclusions, viz:

"First. That Tarbell received no injury whatever at the Asy-

lum, and was not, while there, engaged in any struggle or controversy in which his injuries could have been received.

"Secondly. That there is evidence of a severe struggle with him, and of great violence therein, at the place of his residence, on the day before he was brought to the Asylum ; which evidence, with the proof of his condition immediately after the struggle, and in connexion with the testimony of Drs. McNaughton and March, of Albany, is sufficient to account for the injuries of the patient, and to remove all doubts as to the cause of his death."

The crowded condition of the Asylum, together with other reasons, has determined the Managers to refuse further cases of inebriety for treatment. Of this class of cases Dr. Gray remarks :—

"The moral perversion under which many persons labor who are given up to inebriety, persuade some to look upon it as a form of insanity, rather than a vicious habit. The change of character often manifest ; the periodic abandonment to excessive drinking, till reaching a full debauch ; the penitence and promises afterwards ; the craftiness in stealing away from friends at these periods of self-indulgence ; the ultimate loss of self-respect in some, and disregard of the duties and responsibilities of life in all ; the maintaining of an *irresistible impulse* to drink to complete gratification, and when arrested in the midst of a debauch, to return and complete it ; all these are, by some, placed to the credit of mental disease, and the destructive vice of intemperance is thus sheltered and in some sense excused. Unfortunately, not only in the medical profession but in the pulpit we have advocates for the recognition of this vice, in some of its phases, as belonging to the catalogue of 'forms of insanity.' Oinomania, (an irresistible impulse to drink to drunkenness, in disregard of consequences or character,) is the respectable name under which this vice would seek refuge from moral responsibility, and claim the sympathy and indulgence of society, in the gratification of an excessive appetite, self-induced. Some give way to these 'paroxysms' of drinking, or, more properly speaking, debauches, maintaining that appetite becomes too powerful for resistance : others, under some slight trouble, because somebody has slighted or wounded or wronged them ; or because they have, in some way, been disappointed ; or because the world, or society around them, have failed to appreciate them ; or because they have become wearied or disgusted with the constantly perplexing duties and cares of life.

"We look upon one and all of these cases, as the voluntary abandonment of self to appetite, as progressive drunkenness, producing what might well be anticipated from vicious self-indulgence, namely, the loss of self-control, and the gradual but sure degradation, and final demoralization of the individual.

"That intemperance may and does impair the mental faculties, no one can doubt. That it may and does produce insanity, is equally certain. That it is itself a form of insanity, under the name of oinomania, is not established, and the admission of such an error would be too fatal to morals to encourage for an instant.

"If an irresistible impulse to self-indulgence, disregard of the consequences flowing from such indulgence, and general demoralization, were the characteristics of insanity, intemperance might found some shadow of claim to be recognized as a form of the disease. On the contrary, insanity is more generally an immolation of self. An irresistible tendency exists to thoughts, feelings, and actions, at variance with the demands of appetite, and a course of life anything but promotive of self-gratification. In insanity there is but an apparent and temporary demoralization, induced by a beclouding of the mind in its knowledge of the relations of things, and a consequent loss, more or less complete, of the abstract ideas of right and wrong. In insanity, the irresistible tendency has a motive, or a purpose in view, above the simple gratification of appetite; and here disregard of consequences is the result of an absorbing active delirium, or a conviction that the wrong is, under the circumstances, the right.

"In these remarks, we do not intend to withdraw sympathy from the unfortunates who have fallen under intemperance, but merely to disavow the theory that it is a form of insanity, and to protest against receiving its victims into institutions of this character. An experiment will soon be made, in the care and treatment of this class, in an institution especially for their benefit. The private charity of our citizens has inaugurated, at Binghamton, the Inebriate Asylum. As the work of individuals, prompted by an enlightened Christian charity for the erring and unfortunate, it is among the most noble enterprises of the day, and as such well deserves the aid necessary to its completion."

7. Since our last notice of the Report of the Kings County Asylum—that for year ending July 31, 1859—two transverse or rear wings have been added to the building. Thus the Asylum has been completed according to the original design, and, it appears, at a cost of \$192,709 83, for accommodations for nearly 400 patients. It is truly considered that the sum named "is less than the average cost of asylums of this magnitude."

190 patients were admitted, and 168 discharged during the year. 70 were discharged recovered, 41 improved, 12 unimproved, and 45 died.

8. The present is the forty-fourth annual Report of "the first institution, in point of time, opened in this country for the treatment of insanity on the improved system, which had then but recently been established in England by the successful example of the York Retreat." We need not say how fully in the spirit of that improved system the Friends' Asylum has been administered, from its opening to the present day. In the completeness of its means for the comfort and improvement of patients, and in the neatness, order, and quiet efficiency of its management, this asylum is still a model one, albeit an age of progress has wrought many changes in the fashion of asylums for the insane. "It may not be improper to add"—here as in the Report, to the credit of a noble sect—"that the Asylum was built and furnished by the original contributors, at their own individual expense, for the exclusive benefit of their own religious society, but for many years past it has been freely opened to all other classes and denominations, who now constitute a very large majority of the recipients of its benefits. The successors to the founders of the institution continue to contribute to its funds, as has been frequently necessary for carrying on needful improvements. The managers give their time freely, and no one connected with it, either as manager or contributor, can receive, for the performance of his duties as such, or for money contributed, the smallest pecuniary reward or benefit. Its funds can be used for no other purpose than for the benefit of its inmates, and the reduction of the charge for board of patients in limited circumstances, without regard to sect."

The condition of those discharged since the opening of the Asylum, is stated as,—Recovered 647; much improved, 115; improved, 175; stationary, 235; died, 197; total, 1,369.

18 have been admitted during the past year, and 15 discharged. Of the latter 8 were recovered, 2 improved, 3 unimproved, and 2 died.

9. At the date of this Report Dr. Nichols is able to notice the near approach to completion of the Government Hospital for the Insane. He says:—

"Since my last annual Report, the center and contiguous sections of the wings, then in an advanced state, have been entirely completed, furnished and fitted up; and they are now appropriately occupied throughout. Some facilities for preventing and extinguishing fire, the painting and sanding the entire battlements and window-heads and frames and tracing, the sash of the five west sections of the main edifice, and the improvement of the grounds, for which small sums were granted at the last session of the preceding Congress, have been executed, with all the advantage, it is thought, in the increased safety, the preservation, and the better appearance of the buildings, that could reasonably be expected from the expenditure of so small an amount for each purpose.

"The confident expectation is entertained that the interior of the lodge for colored females will be finished, the lighting, heating, bathing, and closet fixtures introduced complete, and the very desirable separation, in different buildings, of the colored men and women who now occupy different stories of the same building, effected before the close of the present building season.

"In the unfinished remainder of the main edifice, the bulk of the heating apparatus will be completed in the course of a few weeks, and, with the aid of it, the work of plastering, trimming and cabinet making will not only be uninterruptedly continued till completed, but be prosecuted in an atmosphere whose temperature and dryness will correspond exactly with that in which the furniture and interior wood work will remain, and thus the defects by shrinkages or swellings, in their permanence, usefulness and beauty, most effectually obviated. The appropriations for these purposes will all be expended before the expiration of the present fiscal year.

"It will thus appear that in a few months time the great and most costly features of this establishment will have been attained, but several fixtures and conveniences are yet required for its convenient and economical administration, for its preservation and embellishment, and for the exercise, diversion and health of the patients, whose welfare is the central object of the whole design, and the ample justification of every expenditure really calculated to contribute to it."

Dr. Nichols takes this occasion to review the history of the Asylum, and accompanies a description of the edifice, grounds, etc., with numerous maps and plans; thus giving in minute detail the features of an institution which, situated at the National Capital, is designed to be a representative and model one.

The grounds comprise a tract of 195 acres of land, situated on the south-east bank of the Anacostia river, at a distance of two miles



south of the Capitol. The site is elevated, and perfectly healthy, and commands a fine panoramic view of the entire District, of the city of Alexandria and the surrounding country, and of several miles of the Potomac river. About one-third of the land is cultivated. The original forest has been preserved upon the remainder, and is to be intersected with drives and walks for the use of patients. Pure water for the institution is derived from an unfailing spring, and if a large supply should be needed for ornamental or agricultural purposes it can be easily brought from the river.

The ground-plan of the edifice is in the broken-linear or echelon form, and nearly like that of most of the more modern asylums in this country. The façade of the building is in the collegiate Gothic style, and is thought to be effective and appropriate to the purpose. The wings and lodges contain two hundred single rooms, and ten dormitories designed to accommodate one hundred and thirty-six patients. The heating of the building is by the hot-water circulation; the ventilation is by a fan, similar to those now in general use. The engine-room, gas and machine rooms, laundry and wash-rooms, as well as the barns, stables and other out-buildings, are all of the most perfect and substantial kind.

It is needless to say that much yet remains to be done in the furnishing and fitting up of this Asylum, and also in grading, cultivating and adorning its grounds. In the midst of the terrible civil conflict now raging, and while infinitely more important interests are in peril, we still can not but express the wish that the prosperity of this noble institution may not be permanently affected.

167 patients remained under treatment at the close of the year, during which the admissions were 92, and the discharges 63. Of the latter 33 were recovered, 6 improved, 6 unimproved, and 18 died.

10. We are glad to notice another biennial Report from the pen of Dr. Smith, whose ill health obliged him to resign in the fall of 1860. Before his resignation took effect, however, improved health induced him to accept a re-election. At the date of the present Re-



port a large addition to the Asylum, in progress of building two years before, had been completed, and also two transverse wings for the accommodation of violent patients were nearly ready for use. These enlargements have completed the edifice according to the original design. With a front of nearly 500 feet, and with two transverse wings, each 116 feet in length, it presents a fine and imposing appearance. The divisions permit eleven classes of each sex, and 350 patients can easily be accommodated. When the population and resources of the State are considered, the progress of this institution since its opening with seventy-two patients nine years ago, is very creditable to the public intelligence, and to the devotion of the officers under whose management it has been made. The very rare casualty of the death of one of the patients at the hands of a fellow-patient is detailed as follows :—

“ The young man, who lost his life, had been an inmate of the institution nearly six years, and uniformly one of our most quiet and inoffensive patients, having, at no time evinced the slightest inclination to violence. The one who committed the homicide had, also, been uniformly quiet for months ; indeed, too quiet, for he was generally indisposed to mental or physical effort, and seldom changed his position, unless requested to do so by the attendant. The day of this melancholy accident, both attendants walked out with most of the patients in the ward, leaving these two in the hall, with several others, regarded in every respect safe, with the design of going with them immediately after their return, as they usually walked much slower than the rest. In a short time after leaving, an observing patient, in the adjoining ward, being in his room, heard a noise which attracted his attention, and looking through his window, observed indications of a serious difficulty. He immediately notified the attendant, who went in great haste to the hall, and after reaching there, to his great astonishment found one of the patients lying on the floor, with his eyes and face very much bruised and swollen, and almost in a lifeless condition, and the one who committed the deed in his seat, apparently as free from excitement as if nothing unusual had occurred. He, however, frankly acknowledged what he had done, and when he was asked why he had treated his associate so badly, replied, because he was trying to stop his breath, and he also saw a knife and pistol in his bosom, with which he intended to kill him, and was, therefore, compelled to act as he did, and all he asked was a fair trial. The condition of the unfortunate young man was promptly reported to Dr. Hinde, the assistant physician, (as I had

been confined to bed, at the time, a number of days, from sickness,) who as promptly resorted to every means at command for his relief, but all without success. He died in a few hours.

"There were no marks of injury upon any part of his person, except his face and head, and no fracture of the skull. The strong probability is, that he made no resistance, but was thrown upon the floor and kicked or stamped until life was almost extinct. The patient who perpetrated the deed had no other means for committing violence; nor was there anything on the hall to which he could have gained access to accomplish such an unfortunate purpose. There were no chairs; the seats are stationary and fastened to the wall, and he had on his feet very light slippers."

The general numerical results for the two years are as follows : Admitted, 160 ; discharged, 98 ; remaining, 233. Of those discharged, 43 were recovered, 11 improved, 4 unimproved, and 40 died.

11. Dr. Chipley's Reports for the fiscal years ending September 30, 1860 and 1861, are, as usual, complete and interesting. The first of these was made to the Legislature shortly after the destruction by fire of the Western Asylum, and discusses at length the dangers to the Eastern Asylum and to similar institutions from the same source. The safety of steam-heating is appropriately referred to. Among the sources of danger are the hot fires in basements with low, lath and plaster ceilings, the wells for dumb-waiters, and the attics and roofs. Lighting with gas, metal roofs, and the removal of kitchen and bakeries from the main building, are advised for the Eastern Asylum at once. In addition to these, fire-plugs in the basement connecting with the attic tanks, and hydrants on all sides of the building connecting with the same, are recommended. A further precaution, he says, may be taken by an arrangement for filling any portion of the Hospital with steam.

In his last Report Dr. C. thus describes the building and arrangements, which have been completed in accordance with the above recommendations :—

"This structure is located on the brow of the ridge on which the main building is located, at the distance of one hundred and twenty feet. It is connected with the basement by a tunnel through which

a railroad is laid, passing, at convenient distance, all the dumb-waiters attached to the different dining-rooms. The food is passed on a hand-car to the dumb-waiters in less time, and distributed with more facility, than was formerly done from the basement kitchen. The food is thus conveyed in closely covered tin vessels prepared for the purpose, thus securing it to be served up neatly and warm.

"The building is 45 by 55 feet, divided into five rooms. The kitchen is 33 by 27 feet; elevation of ceiling 17 feet. It is furnished with one of Blunt's large ranges, three iron steam kettles, and five tin steamers, which afford every facility for preparing the large amount of food daily consumed. Connected with the kitchen is a scullery 17 by 18 feet, furnished with box tables lined with zinc, and supplied with water for washing vegetables. In this room there is a sink for waste water, which passes under ground to the main sewer. Another room, 16 by 18 feet, connected with the kitchen, is used for the storage of the fuel consumed in the kitchen and bakery.

"The bakery is 22 by 27 feet. Adjoining this is another room 12 by 18 feet, in which is stored flour and meal.

"Water is abundantly supplied through pipes at every point where convenience requires.

"The completion of this building has enabled us to remove the last fire from the hospital, and in so far tends to secure us against the dreadful accident which has destroyed several similar institutions. And now but little remains to be done to render us almost absolutely fire-proof. All the buildings have metal roofs, except the laundry, located very near the main building, the day-room attached to the lodge for males, and one verandah, connected with two of the wards for females. These roofs are old, and must be renewed within the next year. I hope the means will be furnished to substitute metal for the present shingle roofs."

In view of the pressure for admissions occasioned by the loss of the Western Asylum, Dr. C. recommends an addition to the Eastern Asylum buildings capable of accommodating one hundred patients.

The general results for the year are : Admitted, 48 ; discharged, 43 ; remaining, 237. Of those discharged, 17 were recovered ; of 8 the condition is not stated ; 18 died.

12. Dr. Stribling's Report is very brief. Obligated to discriminate in the admission of patients, and to refuse a large share of applicants, much dissatisfaction, on the part of officers and friends, is unavoidably given. If it is to be the settled policy of the State not to erect other Asylums, he asks legal authority to remit the incurables to the

county-houses whence they came. In reference to a new Asylum at Weston, he says :—

“ I am not apprised as to when it is expected by those in charge, to have accommodations for the insane at Weston, Virginia. If the *entire* building being erected must be completed before patients are admitted, we can but fear the day is somewhat remote when these sufferers will find an asylum there.”

55 patients were admitted during the fourteen months of the Report, 48 were discharged, and 379 remained. 28 were discharged recovered, 3 not recovered, and 17 died.

13. Dr. Fisher's biennial Report is in fact two annual Reports stitched together. In the first considerable space is given to an appeal for the earlier treatment of acute cases, the importance of which seems to be entirely unfelt by the community. Dr. F. states in this connection that a Legislative enactment authorizing the county courts to remove incurables that acute cases may be admitted, is rendered of no effect by the courts declining to give the required order.

The Report refers to new provision for the comfort and amusement of patients, in the building and grounds, and shows a constant effort for progress in the management of the Asylum.

The second Report gives the sad details of a severe epidemic of dysentery, in the spring and summer of 1860. The disease attacked “ alike the infirm and the robust, the males equally with the females, the old and the young, the officers, attendants and many of the domestics, until three-fourths of the occupants were prostrated by the disease.” Under these circumstances, that the mortality was only twice that of the preceding year is, indeed, a matter of “ congratulation and thankfulness.”

Respecting this visitation, Dr. F. remarks as follows :—

“ Of the probable exciting cause of this malady, there is little doubt but that it was to be found in that peculiar condition of the atmosphere favorable to its development. The surrounding country shared in the like tendency ; and although the disease was not of so grave a type, yet so general and decided were the characteristic symptoms, as to be justly regarded as epidemic dysentery.

“ The preceding winter, though unusually cold, had been passed

by the inmates of the Institution in excellent health, being unusually exempt from the ordinary catarrhal affections, so that the opening of the spring with its variable conditions of temperature, found the members of the household unusually well prepared to encounter the atmospherical vicissitudes incident to that season. No appreciable change had been made in diet, and the same degree of vigilance practiced as usual in preserving the cleanliness of the apartments had been perseveringly adhered to, so that the most searching examination could develop no local cause for the production of this or any other disease within the establishment.

"Among those who were sufferers from an attack of the epidemic, were some who, notwithstanding the many years they had passed with reason dethroned, presented the singular and interesting phenomenon of an entire restoration to mental soundness, during their illness. It was noticed, however, that in each instance of this temporary reaction and supremacy of the mind a fatal termination attended the disease."

During this year "some removals have been made, by the county authorities, of incurables, and hence may be found one of the chief causes of the unusually large number of unimproved removals."

The last yearly statistics are: Admitted, 76; discharged, 73; remaining, 179. Discharged recovered, 22; improved, 12; unimproved, 16; died, 23.

14. Dr. Barkdull is able to report that "the past year, all things considered, has been one of more than ordinary success in every department of the Institution;" and he proceeds to refer to the increased number of recoveries, the small number of cases of disease and death, and the freedom from any serious accident during the year. Several improvements in the buildings and grounds have been made, and others are recommended.

The admissions for the year were 81; discharges, 94; remaining, 144. Discharged recovered, 48; improved, 12; died, 34.

15. The Wisconsin Hospital was opened for patients on the 14th of July, 1860, and there had been 89 admissions at the date of Report, Dec. 17th of the same year. Of these, 11 had been discharged,—3 recovered, 3 improved, 2 unimproved, and 3 died.

Dr. John P. Clement, formerly connected with the Vermont Asy-



lum, was chosen medical superintendent in May, 1860, and has since continued to fill that position. The manner in which he has performed the peculiar and onerous duties devolved upon him in the organization of the Hospital is warmly commended by the Trustees.

We append some extracts from the Trustees' Report, to show the present condition and prospects of the Hospital :—

“ The Board early felt the importance of ascertaining the number of insane persons in the State, and to that end caused circulars to be addressed to persons in each of the several counties, requesting information on that subject, at the earliest practicable period. And, though the response to these circulars was not probably as general and complete as it might and should have been ; yet enough was learned from that and other sources, to render it probable that there would not be less than three hundred of that class of persons existing amongst us. It was of course then at once apparent, that after having prepared our building for the reception of patients, to the utmost extent of its susceptible capacity, a large portion of the insane would still be left without those benefits resulting from Hospital treatment. This unfortunate state of affairs must of course be keenly felt by those who failed to get their insane friends admitted to the Hospital ; for, the State having provided for the care and treatment of others, while these unfortunate ones are left with scarcely a gleam of hope, to dispel the dark gloom which hung around their pathway, was a source of disappointment and grief which was truly hard to be borne. We fondly trust, however, that suitable provisions will early be made, to carry to full completion that noble enterprise in which the State has so generously embarked ; and that she will soon be able to afford the means of relief to all of that deeply afflicted class of her citizens, many of whom must otherwise be left to drag out a miserable existence of wretchedness and suffering.

\* \* \* \* \*

“ And though the report of 1859 informs us that the building was not originally and properly “designed” for the treatment of but thirty-two patients, we intend when the building shall have been filled to what we regard as its utmost capacity, to accommodate nearly, or quite, one hundred and twenty patients, including both males and females. It is proper, however, that we should here remark, that the number admitted will be subject to more or less variation, dependent on the condition in which patients may be at the time of admission, as to their fitness for such classification and association as will best economise such room, as can be devoted to their uses.

“ The Superintendent cordially unites with us in the determination



to grant relief to the utmost extent of which the institution is susceptible, by devoting as much space to patients as can be spared and adapted to their accommodation and treatment.

"But justice to the Superintendent compels us to say, that in receiving so large a number into an institution originally designed for a much smaller number, the officers of such institution must be surrounded with unusual difficulties and embarrassments in managing the cases of those who have been committed to their care. And in this connection it is proper that we should further remark, that additional embarrassment will press itself upon the Superintendent, in the fact that our present building was not designed for, and is not properly adapted to, the treatment of both sexes of patients, while the stern necessity which has been forced upon us by the wail of suffering which has come up laden with anguish, from all parts of the State, we have felt compelled to admit to treatment, both males and females."

\* \* \* \* \*

"As there are many who have had misgivings, in reference both to the working economy, and efficiency in performing the work of the apparatus for heating and ventilating the Hospital, we deem it proper to call your attention to that important point. We cannot indeed say—that said apparatus has been in operation for sufficient length of time, and under proper circumstance, to clearly demonstrate, whether its working will be economical or otherwise: but we shall not be very much surprised, if the working of that apparatus shall prove an accruing source of expenditure, trying to the patience of the legislature and the people.

"In regard to its efficiency in heating the Hospital, we can only say—that as yet, it has answered the purpose reasonably well; and we trust that it will be adequate in that respect, to the end for which it has been constructed. And we would say in reference to the machinery itself, that as far as we have been able to judge from our own observation, as well as in the opinion of W. C. Hubberd, of the firm of Walworth, Hubberd & Co., of Chicago, whom we called upon to give the apparatus a professional scrutiny, that it appears in the main to be very good of its kind, and adapted to those uses for which it was intended. And though we cannot highly approve some of the things connected with its general arrangement, we have felt it our duty to leave it undisturbed, to be more fully tested during the present winter."

16. Dr. Workman presents an able and characteristic Report. At the close of some remarks upon the subject of asylum statistics he says:—

"The proportion of recoveries to admissions, however, depends more on the character of the cases admitted than on the treatment; and it is not to be regretted that, in Canada, asylum statistics are held subordinate to humanity. A few months ago, I received a letter from a relative of one of our patients, residing in a large American town, in which I was informed that 108 lunatics were lodged in a neighboring poor-house. I fear this is not a solitary fact in the neighboring country; and unfortunately it has its parallels, far too numerous, in our mother country.

"From all that I have read and observed, I am led to believe, that there is no country in Christendom, excepting perhaps the State of Massachusetts, in which so large a proportion of the insane is provided with asylum lodgment, as in Western Canada. This has been accomplished chiefly by the establishment of Branch Asylums, for quiet incurables,—a measure, which, in consequence of the non-completion of this building, and the increased numbers of claimants for admission, had become a public exigency not to be disregarded. It is an interesting coincidence, that in Canada this plan should have been initiated simultaneously with the very same in several places in England; and it is gratifying to know, that there, as here, it has proved, so far, satisfactory. It will continue satisfactory so long as these appendages are regulated and managed as the parent institutions are, *and no longer.*"

It is not, we regret to say, a solitary fact that in this country insane persons are kept in the poor-houses, and that too without their cure ever having been sought by treatment in an asylum. But we do not believe this is true of any town or county, to which so many as 108 lunatics are chargeable. We would by no means defend the system of county receptacles, but it is not liable to all the objections which may be brought against the practice common only to the lesser and remote counties of placing together the pauper and insane. The receptacle-system is that to which Dr. Workman wisely fears his plan of branch-asylums must degenerate if severed from the parent institution.

The following criticism, in the somewhat caustic style of Dr. W., is interesting:—

"About one-third of the patients admitted in 1860, had been committed to prison 'as lunatics dangerous to be at large.' This system of magisterial and municipal provision for the imbecile pauper, would now appear to be the most lofty conception of Christian duty existing in Upper Canada; and if Government will but go on

in the establishment of institutions for the lodgment of the destitute, there is not the least reason to apprehend that they will not be furnished with inmates.

"Among the 'dangerous to be at large,' lunatics sent from our gaols in 1860, was one paralytic in the lower extremities, and who, in the Asylum, is as gentle as a child. I have inquired from the relatives of this patient, how he came to be committed to gaol as a dangerous lunatic. The reply was, that they were unable to support him, and the 'authorities' pointed out that he might be got into the Asylum, if committed to gaol; and so this man was committed,—as a dangerous lunatic I suppose,—because he could *not* go at large. The fact of his paralysis was concealed, until he was brought to the Asylum; and though the by-laws of the Institution were violated in admitting him, it appeared to me, that, to send him back to the 'authorities' of his locality, would have been a murderous extradition.

"Along with the above patient was brought another '*dangerous lunatic*,' who is certainly one of the most gentle creatures I have ever seen in this house. I could easily lengthen the list of instances of committals such as the above. How do the parties, swearing, manage the task; and how do the magistrates permit the oaths to be taken? In some instances it has happened that when advice of vacancy for a 'dangerous lunatic' has been forwarded to the county gaol, the patient was no longer in custody, having apparently been committed, merely as a sort of facilitating formality, in the process of admission into this Asylum."

Facts similar to those above detailed are no doubt common to the experience of the medical officers of Asylums, in this country as in Canada. It is not seldom that we see patients sent to the asylum on an order of a County Judge, with accompanying testimony of two "respectable physicians" that the insanity is of less than a year's duration, when the facts plainly appear that the case is one of a dozen years' standing in an epileptic, or one of congenital imbecility, or even one of common drunkenness.

Dr. W. closes with the details of a number of interesting autopsies, which we have not room to quote. 185 patients were admitted during the year, 115 were discharged, and 592 remained. The number of deaths was 40; besides these, the condition of those discharged is not given.

17. Dr. Waddell is encouraged by the progress of much needed

improvement in the New Brunswick Asylum during the past year, and by the prospect of further addition to the Asylum. An ample supply of water has been introduced, thorough drainage has been provided, and £2000 have been granted by the Legislature for the work of completing the building according to the original plan. He says :—

“ The new wing about to be built will add greatly to the comfort and general good of the patients, by affording relief from over-crowding—the means for proper classifications, a want often sadly realized in the present state of the wards—and also provide for the removal of the men from the halls on the womens’ side of the house.”

Admissions for the year 87 ; discharges, 79 ; remaining, 162.  
Discharged recovered 37, improved 24, unimproved 2, died 16.

18. Dr. De Wolf reports very satisfactory results from the re-organization of the Nova Scotia Hospital and the change in its management. The history of this change is as follows :

“ The question of the current expenses of the Hospital had previously attracted the notice of the Legislature, and a resolution was passed requiring these to be curtailed.

“ Both matters were thus before the Executive, and were dealt with as promptly as was compatible with a thorough investigation.

“ The result involved an entire change in the internal administration, and the retirement of the Treasurer of the institution, in accordance with the amended act of the Legislature, at its last session.

“ Hereupon the Board of Commissioners resigned, and the whole control of the Hospital was vested in the Board of Works. An essential reduction was made in the staff of officers and employees, but not greater than was desirable and necessary.

“ In re-organising, reference was made to the views of Miss Dix, as propounded to the Superintendent, as well as to the mode adopted at one of the New English Asylums, namely, that at Hayward’s Heath, Sussex, opened 25th July, 1859. The Superintendent of the Sussex Asylum, C. Lockhart Robertson, Esq., M. D., Cantab., is entitled to every consideration, as well from his position as Honorary Secretary to the Association of Medical Officers of Asylums and Hospitals for the Insane, as from his experience in the speciality.

“ In a descriptive notice of the new Sussex Asylum, in the *Journal of Mental Science* for April, 1860, the duties and position of the

officers, &c., of the establishment are minutely set forth. These formed a basis for the plan adopted here, corresponding as they do with the views of Dr. Conolly, and Dr. Kirkbride, than whom no higher authorities on the subject are to be found in England or America."

63 patients were admitted during the year, 23 discharged, and 95 remained. 9 were discharged recovered, 10 improved, and 4 died.

---

*Die Brandstiftungen in Affecten und Geisteskrankheiten: ein Beitrag zur Gerichtlichen Medicin für Juristen, und Aerzte.*  
Von Dr. WILLERS JESSEN. Kiel: E. Homann. 1860.

*Incendiarism in Mental Affections and Diseases: a Contribution to Legal Medicine, for Jurists and Physicians.* By Dr. WILLERS JESSEN. Kiel: E. Homann. 1860.

[Continued from page 182.]

WE now proceed to take a view of Dr. Jessen's second division of his subject; viz., Incendiarism in Mental Diseases.

As to the manner in which criminal actions arise from mental diseases, many erroneous opinions are prevalent. Among non-professionals the opinion is yet broadly diffused, that diseased mental activity is an irregular chaos, and that out of this the criminal actions spring up without order or law; indeed, that such a springing up should be characteristic of the source. Ensnared by this error, many judges strive against recognizing as such many forms of mental disease; for example, if they show method, if the patient can distinguish between right and wrong; if, as in partial insanity, they can speak rationally on most subjects, when spiritual disturbance predominates without proportionate disturbance of the intelligence, and particularly when it appears that the criminal action has been brought about solely by a normal motive or passion. Even a great number of experts in medical jurisprudence have not yet freed themselves from antiquated ideas, but, on the contrary, we find not only in literature an amazing great multitude of imperfect and perverted



opinions, but we also hear, too frequently, of physicians to asylums and prisons condemning the insane to hard punishments. Examples of this can be furnished from the jurisprudence of all countries; that of America is, alas, rich in such, but not more so than the jurisprudence of other countries, as the examples given in the work before us, some of which we propose to bring forward, show. It is clear, says Sarza, physician to the Marseilles prison, that the tribunals every day condemn the insane in a most unjust manner. (*Annales Medico-Psychologiques*, 1857, p. 54.) We propose to translate from the work before us some cases illustrative of incendiarism in the various mental diseases enumerated under Dr. Jessen's second division of his subject. These cases are so interesting in a legal and medico-psychological point of view, that we devote all the space at our command to them, even to the almost entire exclusion of the highly interesting and practical remarks of Dr. Jessen upon the same, much more so any comments of our own, leaving medical psychologists, and more particularly jurists, to draw their own conclusions from the same. In the first place we will bring forward from the work before us some cases of incendiarism in the mental disturbance assigned to Dr. Jessen's second division of his subject, as Imbecility, (*Blödsinn*), by which term, according to Dr. Jessen's definition, we are to understand, a weakness of all the mental faculties running gradually into stupidity, or imperfect evolution of ideas.

*H. O. S., 29 years of age, son of a peasant, imbecile, (blödsinn.) Five incendiarisms, and two attempts at the same, in the years 1821-'22, and '35.*—S. had received an education, suited to his condition, in a village school, but on account of his weak powers of comprehension had learned but little. The school-teacher declared that his mental powers were imperfectly developed naturally, and that his mind, moreover, had become "rather stupid."

In religion he had received the knowledge necessary to his confirmation, had written very well, could express his thoughts clearly in writing, and knew the first four rules of arithmetic. In reading he had been greatly hindered by his stammering. But subsequently, from the examination instituted by the minister during the trial, it



appeared that he had forgotten the most of his acquired knowledge. He neither knew one of the Ten Commandments, the Lord's Prayer, or a hymn by heart, much less the significance of the Christian festivals; and of religion, aside from a few remembered phrases, he had no conception. The high German language was quite unintelligible to him, he could scarcely write at all, and read only with difficulty.

In his seventh year he was seized with convulsive fits, in which he was senseless. He could neither walk or stand, and talked incoherently. They left him only to return again in his twenty-first year, apparently induced by a burn which he suffered. That these fits were epileptic, as supposed by his father, there remains but slight doubt. After that winter there arose violent periodical pains in the head, which returned at longer or shorter intervals, and lasted from half a day to one or two days. The patient must then keep his bed, had no appetite, suffered from chills and fever, slept much and talked in his sleep, wandered about his agricultural employments, but never about fire. After the pain left him he arose and went about his work, but for some time appeared sleepy and quiet.

In his thirteenth year he received a kick from a horse in his face, from which a crook in his nose and a number of scars remained. To have passed through so much must have wrought important consequences upon his mental state. With the exception of a physician who pronounced him confused, (hair-brained, "*worrig*,") all witnesses living in the village considered him intellectually dull, yet in the full possession of his understanding. Even his own brother declared that he lacked all capacity for learning; he was, on the contrary, ever conscious of what he did, and had an understanding of what was not allowed. Other witnesses said that there was certainly something silly and dunce-like in his deportment, which showed clearly that his wits were affected, but he had a certain amount of intellect. The witnesses were unanimous in pronouncing him mischievous and wicked. Only his nearest relatives declared that his conduct at home was good, indeed blameless; that he was well disposed towards man and beast, industrious and faithful, and only

became wicked when another had done him an injury, when he sought to obtain satisfaction. Many evil and mischievous actions were charged upon him, (such, for example, as overturning of beehives, destroying of enclosures, turning cattle into his father's corn-field,) which in the end he had to admit. Moreover, when in school this peculiarity was observed in him, viz., that he always insisted upon punishment when he fell out with any of his schoolmates, although the punishment might fall doubly as heavy upon himself as upon his opponent. Considering the circumstances, his bringing up appears to have been judicious. His father had regard for his craziness; did not, indeed, suffer his ill-behavior to pass unnoticed, and even at one time and another had punished him as severely as he did when he suspected him of the incendiarism. The assertion of S., on the contrary, that his father's conduct towards him had generally been severe, appears to have been false.

On the 31st of January, 1821, in his fifteenth year, he arose one morning from his bed, in which he had been confined longer than usual on account of the pain in the head, to go out and water the horses. While dressing, the thought suddenly occurred to him to set fire to things, without it being at the same time clear to him how he became possessed of the notion, or that it should be his father's house that he should destroy. Going out of the door of the room, he saw fire burning upon the hearth; went directly there, took a piece of burning turf, went up to the loft and threw it into the straw, *and then returned to his bed again*. After the alarm of fire arose he got up and helped to save the house. On the 21st of February, 1821, at mid-day, after he had fed the horses, it occurred to him just as suddenly to set fire to a neighboring building, from which the family had moved. This idea he also carried out without reflection, immediately, and in the same manner and with the same results as before. On the 12th of February, 1822, as he was making a fire in the baking-oven, it again occurred to him to set fire to things. Soon after he put coals in a pot and went with them into the village, only with the obscure idea of setting fire to something, and without any particular object or intention, as, in consequence of the

pain in his head, he was "nearly senseless." The coals he stuck under the projecting roof of a barn near the village street, the owner of which had never had any unfriendly relations with either him or his. He then returned to the bake-oven, put a few sticks of wood into it, and then went to breakfast. When the alarm of fire arose he hastened to the burning place. One dwelling-house and one barn were burned.

In the year 1822 he made two attempts within eight days to set fire to the barn of another proprietor, between whom and himself there likewise had never been any unfriendly relations.

One morning he thought, as he said, that he would again set fire to something, and immediately carried a pot of burning coals, which he obtained from a neighboring house, to a barn, standing a short distance away, and placed them upon the slope of the roof. The fire, however, did not kindle, and the pot was found. He now thought no more about burning, until the idea came into his mind one morning eight days afterwards, as he was feeding the sheep; whereupon he went to the same neighboring house, in which another family was now living, and took from thence a dish of coals, and carried it to the same barn, and put it under the straw roof, and went away home without further troubling himself about it. The fire when it arose was extinguished, and the dish was found, and subsequently a judicial inquiry was instituted. The owner of the dish missed it from among her things, and formed a suspicion of S., and mentioned this to his mother in his presence. The latter advised silence, that she might satisfy herself about it, and because if S. became aware that he was suspected, all search would be in vain, as the dish might be broken and difficult to recognize.

On the 3d of December, in the forenoon, as he was watering the cows, it occurred to him to set fire to his father's house. He carried out this idea immediately in the same manner as before, and the house was entirely consumed. Hereupon a period of thirteen years elapsed, during which he was guilty of no incendiary act; but on the 20th of October, 1835, as he was returning one night about nine o'clock from market in a neighboring town, it suddenly occurred to

him to set fire to a particular house on the way. He carried out the plan immediately by lighting a piece of tinder at his cigar, and sticking it in the straw roof of the house. To satisfy himself that it was burning, he turned back, drew out the tinder, and replaced it again in the roof. He was seen in the act by two persons, who went immediately to the place, but were not able to extinguish the fire and prevent the house from being burned down. S., in the mean time, when he was convinced that no person had seen him on the way, hastened back into the village to a public house, where he had already been on his way home, and when the alarm of fire arose ran from thence with others to the burning place, when he helped in the efforts to extinguish it, and afterwards stood watching. As to his motive, he gave out that he had done the thing intentionally, but that the resolution was not premeditated. The thought arose suddenly in his mind, and was followed immediately by the act. Why the thought should thus have occurred to him he could find no reason, and gave no account whatever.

During his arrest he sought daily and diligently to make clear to his mind his object in the incendiary act, but without arriving at any particular result. He derived no pleasure from burning, but moreover had every time been sorry when he saw the flames arise. Nevertheless, he had suffered an irresistible impulse to the act. He suffered much from pain in the head, and under the influence of this he believed that he had felt more particularly the inclinations to incendiarism; but he had also, upon different occasions as well as upon the last, set fire to buildings when he was free from pain. He was aware that the buildings would burn down, but he had no intention to inflict injury upon any one; neither did he entertain any malignity towards those that were injured, nor did he consider that people might lose their lives thereby. But he had undertaken his incendiary acts clandestinely, because he knew that he did wrong, and because he feared detection and punishment.

With these confessions, his declarations respecting his motives for the above-mentioned mischievous tricks were conformable. The bee-hives he had overturned "in his simplicity;" and although he

admitted that it was his purpose to destroy them, and knew well the consequence of the expedient, he denied that it was his purpose to do the proprietors any harm thereby. The enclosures he had destroyed simply to prove their strength. Finally, he had turned the cows of his brother-in-law into his father's cornfield because *the former* had been harsh with him, and he wished to play him a trick. His words spoken to a witness, that "the people in the village were so melancholic that he wished to stir them up and put them upon their legs," he could not remember, but because he believed the witness credible he would not deny them. The present consciousness of guilt, and that the last incendiarism had been seen, was shown by the shuddering which came over him on the opening of the examination, although he persisted in lying for a long time. His excitement on being arraigned was so significant to the court, that it appeared necessary to take precautions against escape or suicide.

The clergymen who visited him during the arrest, found his knowledge, as has been said above, very deficient, and his mental capacities very insignificant. His thoughts seemed to move exclusively in a circle of sensual perceptions, and here he was interested only by his early employments in the house of his parents. His poverty of mind was therefore very great. During his arrest he read much in a book of songs, but only one song continually, and this he did not read accurately, and indeed did not learn to understand it, for he did not know how to connect any ideas with the words.

His spiritual activity was alike unimportant. Repentance, or sympathy for the injured, he did not feel. Only the threatened punishment made an impression upon him, and that only for a moment. The preacher furthermore declared that he would have pronounced his character reserved, if he could have discovered any thing significant in his mental activity; but alas, all his mental machinery worked badly, yet he really spoke according to his faculties, openly and freely.

*Meyn*, with whom S. was placed to be observed and estimated,



found him very fat, bloated and unwieldy; he was very negligent in his clothing, unwashed, and uncombed, and continually in a slouching position, his hands always in the flaps of his unbraided breeches, and with drops of water before his night couch. In conversation, there was no change in his mein or the expression of his face. After speaking for a time a shuddering came over his whole body, which produced a strong trembling of his voice. It was very difficult to obtain any disclosure or explanation from him; as a rule he restricted himself to a simple yes or no, and to all questions answered "I do not know." A fellow prisoner asserted that at night he was very unquiet, threw his arms about, talked much, and not unfrequently a shuddering movement came over him, with which the thumbs were not bent in; by day he often laughed without intermission, and murmured to himself.

Meyn set up the hypothesis that the brain of S. suffered from congestion of unde-carbonized blood, and that through the incendiaryism he thought to procure relief. The medical faculty of Kiel held that the existence of an irresistible impulse was not proved. The sudden springing up of the resolution to accomplish the evil deed denoted this, yet the indifference on its execution would seem to show, moreover, its springing up as the result of an evil wantonness, if not not a malicious pleasure in the act. The faculty finally declared him unaccountable by reason of mental imbecility.

The court of enquiry gave sentence of death, considering that the imbecility of mind should be set up merely in mitigation of punishment. The high criminal court, on the contrary, pronounced him not guilty, as being unaccountable. Hereupon he was placed in the Schleswig Asylum, where he remained to the end of his life. He showed there no dangerous impulses, and even for many years was employed as a messenger, as he executed simple commissions punctually. Notwithstanding, all observations left no doubt of great mental imbecility.

*F. N., aged 20 years, servant, born foolish (Blodsinn): Incendiary from Love, (Wildberg practische Handbuch für Physiker,*



Erfurt, 1823).—N., son of a day-laborer, had from his youth up shown but very weak capacities, was very dull of comprehension, learned to read with great difficulty, and was, moreover, always slothful, untidy, and disorderly.

He usually separated himself from the other village children, partly because he was inordinately suspicious, and partly because they ridiculed him. It was so hard for him to receive religious instruction, that the preacher visited him three years before he would confirm him, and even then he did not so much as know the ten commandments. He might have known enough, he said, but the preacher had always told him that it might be false. On the other hand he had never shown himself wicked or malicious. After his confirmation, which took place in his seventeenth year, he engaged as a kind of half servant with a peasant. The latter was not dissatisfied with his work, but had continually to urge him on; he was stupid not easily awakened, and continually separated himself from the other servants. The society of the maids, however, suited him better, and he was particularly pleased with that of the oldest daughter of the schoolmaster.

About the 2d of September, a fire broke out in the house of the schoolmaster, but no suspicion fell upon N., because he allowed himself to be seen in the village towards the end of the fire. He declared that he had been with the horses in the field, and could see the fire very easily from there, but had not come to extinguish it, because he knew that it was the house of the schoolmaster, and thought those that were there ought to help. The daughter of the schoolmaster was much vexed at his indifference to their misfortunes, and as he had frequently declared that it would be no damage, &c., &c., she replied that he spoke as though he had himself set fire to the premises. Hereupon he confessed to her, under the seal of secrecy, that this was indeed the case; that he loved her very much and wished to marry her at once. But as the maid, in consequence of the acknowledgment had pointed him out as the criminal, he retracted all his sayings to her because she had betrayed him. According to the medical researches, the bodily functions of N. were shown to be sub-

stantially normal; the pulse was small and sluggish, the speech drawling, the gait heavy, the countenance sallow, the look dull and stupid. When asked his age, he answered that he did not know. To the question where he was born, he answered, "In the village." When asked the name of the village, he replied that he had forgotten. When asked if he had sisters, said he believed he had two or three, but that he had not seen them for a long time. When asked where he had served, he said, "In the village, with a peasant;" what was he called? he could not say. When ordered to try and recollect, he remained still for a time and then said, laughing "I can not hit upon it; indeed, I do not remember."

He gave as a motive that he wished to marry the daughter of the schoolmaster, and had perceived that while the schoolmaster had a house of his own he would not allow him; that the maiden would probably have married him but he had not asked her father; that he could only have married her after a few years, as the pastor would not trust him sooner, for he had already made him wait three years for his confirmation; that the pastor had never said to him that it was not right to burn his neighbor's house, but he knew that if he did so from wickedness he should go to hell. Whatever people might think of him, he had carried out his long cherished plan, and acted from good, Christian motives; inasmuch as he had loved the maid and had wished to marry her. He had indeed cast her off afterwards, but he had become more discreet. It might be intimated that the fire had originated from some evil design on his part, but the Lord knew well that he had done the deed from a Christian motive. He was a Christian and could repeat the Lord's Prayer, but only in the church *when he had his hat before his eyes, &c.*

Wildberg hereupon declared that the man was weak minded, and the act a result of the mental condition. The sentence is not given.

K., 22 years of age, shepherd, imbecile (*Blodsinn*): *Incendiary from Revenge*. 12th Aug., 1833. (*Heinroth, Gutachten*.) —K. was an illegitimate son, and was brought by his mother from a foreign country, and was at first reared by her and frequently

abused ; but later, in his eighth year, after his mother had been sent to the house of correction for larceny, was given over to the care of B. a shepherd. B. sent him to school, but also used him as a cowherd, by reason of which his attendance there was very irregular.

Although he was obliged to attend school for half a year before his legal confirmation, on account of imperfect knowledge, yet he learned nothing, and at his confirmation showed by his simpering that he understood nothing of the solemn act. After this he could not so much as remember that he had ever received any religious instruction, and was not in a condition to remember a single prayer. In multiplication he could scarcely tell that twice four made eight, and did not even know how many cents made a dollar. Much less could he read or write. The circumstance of his mental condition was much against him, particularly as when he was grown up he was continually followed on the streets by the children and teased, which embittered him, and made him revengeful. After the departure of the shepherd B. from the place, he was sent away by his successor C. who had children of his own who served as cowherds, and for this reason he would not board him, so he sent him out of his house to the poor-house for a time, and he was afterwards placed with a widow B., aged 60 years, with whom he lived in a small room. Here he supported himself and sometimes the widow by begging.

The latter subsequently took him to labor in Anspureh, but often had occasion to scold and beat him, as he was uncleanly, lousy, and at night urinated in his bed. The widow declared that he was not altogether right, for at times he laughed incessantly, and uttered loud and perverted words, when she had quarreled with him or struck him. On the night of the 12th of Aug. K. dreamed that he set fire to things. This occurred to him again in the morning, and he immediately set about the deed. As a motive he afterwards gave his anger at the treatment he had received, and his object was to burn the poor-house, together with the widow B. and the shepherd C. When every one had left the room, he took tinder and went to the garret where his straw bed lay, and set fire to it, and then hid

the tinder-box in a covered basket. Called away in the mean time, he came down unembarrassed, and went out to obtain some milk. While the woman who sold the milk had gone into the cellar for it, a maid brought the news that the fire (which during this time had been extinguished) had broken out, whereupon K. "from fear of the shepherd" ran away. He appeared desirous to get away altogether, but as he did not know where to go, he remained in the neighboring village, where he told of the breaking out of the fire. Being arrested, he appeared quite unembarrassed, and showed no repentance. The fear of punishment or the courts appeared not to enter his mind; moreover he appeared quite unaware of the punishment for incendiarism. He had an uncommonly small head, stupid, always the same enquiring look, slack and helpless appearance; his genitals were small but well formed, and slenderly furnished with hair. His right leg he dragged somewhat. His bearing was open, not excitable, though rough. Recollection and a certain capacity for judging he possessed. He understood every question, was not wandering or timorous, could give information regarding ordinary circumstances, but questions exercising his reasoning faculties he could scarce answer. His voice was not sonorous but distinct; the expression of his countenance honest but indiscreet; he often pinched up his mouth, and tagged thoughtlessly at his chair.

The medical opinion was that he was not in full possession of his reason. Heinroth pronounced him of unsound mind, and in a condition of childish imbecility. The sentence is not given.

*Theodore A., 18 years of age, imbecile: Incendiary from Carelessness.* Berlin, 1854.—T. A., son of a tax-gatherer, was normally developed up to his fifth year, and in good bodily and mental health, and having a good memory, quick powers of apprehension, and an uncommon talent for music. Showed much promise. But alas, in his sixth year he was seized with a violent scrofulous affection, which at times showed itself in the form of a dangerous inflammation of the brain, frequent inflammation of the eyes, and attacks of swelling and inflammation of the jugular glands. His mental

developments at once became stationary; he could not learn, lost his memory, forgot even the notes on the violin he was accustomed to play, had little or no inclination for mechanical labor, and could only be brought to any particular activity by the strongest corporeal punishment. Sudden and violent attacks of pain in the head, which in the mean time were of short duration, night screaming and somnambulism, and the attacks of inflammation of the eyes, and glandular swellings gave rise to the necessity for medical treatment, during the next six years, during which time he lived at home, and was employed in bodily labor in the house and garden. From his own inclination he only resorted to childish plays, played readily with children and suffered himself patiently to be plagued and maltreated by such as were younger than himself. Impelled by the childish tricks of others, he not unfrequently afflicted malicious blows upon his youngest sister. Punishment was without effect, and soon forgotten.

On the sixth of July, according to his statement, he sought, together with H. an apprentice boy, to do a trick, which consisted in writing with vinegar, in the hand, and making the same legible with the ashes of paper. Because as he said, H. had no time, he went alone, provided with some vinegar, to a barn, and lit a cigar fusee, by rubbing it on a post; although he had read and understood the notice prohibiting smoking in the barn, and although he had received a reprimand for smoking tobacco carelessly, a few hours before, yet he did not appear to know that the lighting of a fusee was also prohibited there. From this there fell a piece down upon the straw, which began forthwith to burn, yet it did not occur to him to stamp out the fire immediately, or he thought that the wisp of straw would perhaps soon burn out of itself, and moreover he threw down the fusee which burned his fingers, and now saw the fire, carried up by a strong wind, seize upon the roof of the barn.\* When this took fire he perceived that the barn would burn down, and ran home from fear of punishment, by which he understood the prison. Some persons met him on the way, and he spoke to them of the misfortune

\* 153 buildings were completely destroyed.



with complete indifference. He related to his mother the circumstance of the fire, but was silent as to his being the cause of it. He was soon suspected of the incendiarism, and, on account of his stupidity, was twice brought before the police, under the guidance of his father. Meanwhile he lied decidedly, told only of childish tricks, and designedly made false pretences; his answers were at the same time clear and distinct. On the tenth his father induced him to make an open confession.

His body was regularly built, strong and robust; the skull normal, only at the back part of the head somewhat projecting; on the other hand, the thick, unevened, reddened eyelids, without eye-lashes, the thick nose, puffy upper lip, the characteristic scars on the neck, left no doubt of a scrofulous affection. The state of the parts of generation corresponded with his age; his bodily movements were regular, the appetite very strong. The inclination to sleep was so great that he frequently had to be roused up during the day. At night he always slept very unquietly, often cried out aloud, and got up and walked about the room. His capacities and acquirements were very limited, he read only imperfectly, and understood only very slightly what he read. In writing from dictation he left out letters and whole syllables, and if he sought to express the most ordinary things in writing, he took a long time to do so, and produced only the most thoughtless and paltry production. He could not reckon at all, could scarcely count a few numbers, and even these he did not put together correctly; it was hard for him to subtract two from twenty. From the above circumstances, he had not even received the elementary instruction. He could not repeat the ten commandments, nor anything out of the catechism, not even if one repeated the beginning to him. Why the Christian festivals were celebrated he did not know, or could not tell correctly. Of geography he had no conception; Europe he held for a city. He knew his age and his birthday but did not know how to reckon in what year he was born. The number of the current year (1852) he gave as 1858. Of the facts and circumstances of his early life he only remembered such as had been particularly interesting to him, or had been impressed upon his mind by frequent



repetition. With many of the most ordinary relations of life he was entirely unacquainted or formed a false judgment, if any, respecting such when induced to reflect upon them. With stealing, for example, he only connected the idea that the same would be punished. Mechanical things he comprehended better. With regard to field labor he could give many quite correct specifications, he related that he had made a small stamp-mill for himself, and described its management quite understandingly, and refuted many objections very well. He also had a distinct recollection of a steamship upon which he had been some years before, and showed by his relations that he had remarked much and reflected upon it. It was hard to fasten his attention which easily wandered to other circumstances, and he was scarcely in a condition, however easy it might be, to give a judgment, the correctness or incorrectness of which hung wholly upon chance. He understood that he had been arrested for the incendiarism, but he manifested no feeling about it—that he had by his criminal carelessness become the cause of a very great calamity, yet he had no fear of the punishment, of which people reminded him, but only thought of being soon set at liberty, which he believed was the desire of every one respecting him. In arrest he was serene and joyous, even extravagantly gay; he never enquired after his parents although he knew that both were sick, and that his father had suffered a dangerous accident.

The medical opinion was that he was completely unaccountable. The college of physicians found him only weak minded and stupid, and considered that the incendiarism was brought about by childish carelessness.

The scientific deputation declared that at the time of the incendiarism, he was not in a state of mind to be accountable. The sentence is not given.\*

\* We believe that a great number of incendiary fires result from the careless smoking of mischievous or careless imbecile vagabonds. Some time since, in conversation with Dr. Workman of the Provincial Asylum, Toronto, he informed the writer, that a series of fires had occurred in the outskirts of the city, near the Branch-Asylum. One morning, on going to the Asylum, he saw a fence on fire, and also discovered that an imbecile vagabond (who, as is usual, was a great smoker,) had "camped out" there the night previous, and had either set the fence on fire by his pipe, or by kindling a fire to warm himself. He was taken into custody, and no more fires occurred in the neighborhood.

*Pierre Jacquinet, 25 years of age, imbecile: Incendiary from Dissatisfaction.* 26 June 1846. (Girard in *Annales Medico-Psychologiques*, Vol. 9-71.)—P. J., sprung from a family in which many cases of mental disease had appeared, and was from his youth up weak minded, and when he had reached his ninth year had received little or no cultivation. He was irritable, slothful and inclined to lead a vagabond life, and separated himself early from his mother who desired to keep him at work. He left her for this reason and lived with his grandmother who was weaker and more indulgent towards him. He wandered about most of the time begging his bread in the village and thereby was the object of much railing, which continually exasperated him. He worked but little and slept in a small vineyard hut. After the death of his grandmother he was arrested three times in the months of May and June for vagrancy. He was commonly regarded as of unsound mind.

He wished now to live with his mother once more. She, however, to punish him for his slothfulness, drove him away, telling him to seek his own living; so he demanded, in order to impeach her authority over him, a part of her property valued at about 5000 francs, and invested in a dwelling house, and therefore they frequently had words and more particularly on the 26th of June.

Incensed by this he repaired to the house of a neighbor, kindled there a piece of light wood in the presence of a boy who in vain sought to deter him, under the pretence that there was no fire there carried it in presence of several who looked after him, to his mother's stable, and set the straw roof on fire by means of a wisp of straw.\*

Hereupon he went into the house took a cotton cap, and ran into the vineyard. Some persons who met him on the way and spoke to him he did not reply to, but run the faster. He was found about half an hour after this lying flat upon his belly under a hedge with the marks of fire upon his hands. At the judicial examination he lied obstinately, though his guilt was clearly shown up. The subterfuges which he quickly and loudly advanced were practicably im-

\* 5 houses and the adjoining buildings were burned.

probable. He maintained that he had not used kindling wood, but had merely obtained the fire to bake himself a pancake. He had run away because he feared that the fire might fall upon him, and to obtain help; had ran up into the vineyard, in order that from above he could better see people running about, &c.

As to his motives, nothing satisfactory was to be obtained from him. His head was somewhat misshapen, as though the edges of the parietal bones had been shoved the one over another. His gait was stooping and negligent; his mien mistrustful; his look stupid and squinting. In the asylum he kept to himself, walked about silent and morose, spoke to no one, answered in monosyllables, and seemed annoyed at being spoken to or questioned. To hold his attention for any length of time was very difficult, yet he expressed himself easily and freely. He could read, write a little, but could scarcely reckon at all. He wrote a letter readily, but it was unconnected, and related almost exclusively to himself. Upon ordinary things he expressed himself correctly and knew that it was wrong to commit a criminal act. On the other hand, all abstract conceptions were very imperfect with him. What was meant by people, he did not know. By faith, hope and charity, he understood, fire, pen and ink. He gave his answers very indifferently, sighing and yawning in the mean time; he faltered, confounded himself, and his memory appeared treacherous.

As to the state of his health before the deed, he said that he had had furuncles on his back, heat in his head, and his belly, and thirst in the evening; he also suffered from sleeplessness and loss of appetite. He was greatly terrified by having seen sparks and fire on and above the earth, and by hearing women's voices crying out "put yourself in the smoke." (*Metstri dans la fumée.*)

On account of his general weakness of mind, but more particularly in view of his misconception, and the attendant, though transient, psychical disturbances, Gerard declared him unaccountable, and the jury pronounced him not guilty.

*Gustave Walther, aged 23, waiter, born weak-minded: Many petty larcenies, and an attempt at incendiarism.—G. W. was from*

his youth up, weak, both in mind and body. His grandmother and an aunt had been insane. He learned reading, writing, and arithmetic, had a good memory, and in general could express himself well, both orally and in writing; but there were also times when he was quite childish, and at such he was accustomed to say, "To-day I am unfortunate; the blood torments me." He often asserted that his life was a burden to him, and wished for death. He complained constantly of heat, and therefore slept only half covered, and drank only water. His appetite was very strong, but it induced no bodily increase. He was of small stature, tenderly built, of a pale complexion, and had flabby, weak muscles. He was easily made angry, but readily calmed down. Ladies he could not well endure. He was very fond of solitude, avoided all pleasures, but on the contrary he gladly sought the church-yards, where he assisted the grave-digger in digging the graves.

In his sixteenth year he should have learned the trade of a glazier, but was sent away after fourteen days by his master, as unfit for it, being slothful and averse to labor. Thereupon he was used for housework by his step-father, and served also in other houses as a waiter. Hereby he once drew upon himself a rebuke from the son of a householder, for which he held a grudge against him, and thought of means whereby he could revenge himself. After four weeks, as he brought wood into the cellar, it occurred to him to put fire there; not, as he maintained, to burn the house, but merely the wooden floor of the cellar. To accomplish this he took a tinder-box from the third story and lit some pine kindling-wood in the wood-pile; then packed his wood-basket full and bore it up. When the fire was discovered, the son of the householder ran directly up to him and asked him if he put the fire to the wood. Whereupon he first answered as though he did not understand; then said, "Yes, now, I am the one, and I have done it to revenge myself on you!" In prison he confessed to a great many larcenies, and said that he had purloined twenty-three different articles. The most of them were very insignificant things; besides, he did not usually retain them, but gave them away, or threw them upon the street, upon the

house-floor, or some such place away from home, without seeking to obtain them again.

He declared that he had no opportunity to dispose of the stolen articles, otherwise he should most assuredly have profited by them. He would have made a pick-lock, (his intention he said was to have kept a key,) but he had no instruments for the purpose, and did not know where he might leave the stolen articles, for he would not have dared to bring them home. In many of his larcenies he had an accomplice to whom he carried and presented many of the stolen articles. Once he had stolen a pail, and as he did not know where to leave it, he put it on the floor of a strange house. After this he obtained it again and would have sold it as it was quite new, but was driven away, and no one had seen where he lived. Once he stole forty or fifty dollars worth of clothing, and was arrested as he was trying to sell the same in Charlottenburg for two dollars. He desired by this means, he said, to raise money, and would then have left for Berlin, from fear that his parents would know of his many thefts. All these things he related easily and understandingly, with an uncommon remembrance for details, dates, &c., and without confusion or inattention. With it he showed a firm, smiling mien, looked frequently at his hands, and had a shy, unsteady glance of the eye; his hands trembled, and he frequently changed color; his pulse was weak, at times irregular; his appetite was not excessive and his sleep was quiet. He traded his new boots with a fellow prisoner for old torn ones, because, he said, he could not give a person a good kick with his own. His religious ideas were somewhat intelligent. He could repeat the Ten Commandments and the Lord's Prayer, but in the immortality of the soul he did not believe, for he wrote—"I have a notion that after death there can be no further existence, for when a man has left this earthly race-course it must be impossible to give an account of his earthly career, for then everything is at an end; therefore I cannot believe when people say that after death we shall be brought before a higher being."

He asserted that he foresaw completely what would be the punishment of his actions. He supposed that he would be put in the



penitentiary for ten or fifteen years, the sentence of death which the court might pronounce upon him would only be done to frighten him, but he was insensible to fear. One must have a taste of every thing, and he was tired of life. Indeed he did not wish to be free, for then nothing good or wise could come out of him, because he could not leave off stealing. He did not consider the incendiarism very dangerous, for it had been done in the day time, and he had set fire to the wood in such a way that it would not quickly lay hold of what was around, and no one had been hurt by it. "I cannot," he wrote, "in any respect feel any particular regret in view of my many transgressions; yet I know that a heavy punishment will be inflicted upon me; and see the punishment I have already suffered, in laying here in arrest for half a year, and all the time wishing that my case might soon be decided. One might suppose that this was hard enough." On account of doubtful accountability, the court hesitated in pronouncing sentence upon him, yet he could not be acquitted; he was therefore handed over to the custody of the police, who were to determine the amount of restraint public safety demanded.

---

## S U M M A R Y .

---

DR. J. PARIGOT ON MORAL INSANITY IN RELATION TO CRIMINAL ACTS.—We are not certain but that the reproduction of the learned and important paper of Dr. Parigot in the *JOURNAL* was due to our readers; but its considerable length, and the wide circulation which has already been given to it in the published Transactions of the N. Y. Academy of Medicine, and in the medical journals, must be our excuse. A portion of the essay was read before the Academy, Oct. 2nd, 1861, and it was discussed by that society at a subsequent session, in November. The latter occasion would seem to have been one of unusual importance. Several lawyers and physicians, who



were known to have made a special study of the medico-legal relations of insanity, were present upon invitation, and the discussion was general and interesting.

The name of the author must be familiar to all who are acquainted with the recent literature of mental disease in Europe. Dr. Parigot was at one time Commissioner in Lunacy, and chief physician to the celebrated establishment for the insane at Gheel, in Belgium, and has contributed much to the discussion of the method of treatment there carried out. At present he is at the head of a private asylum, conducted on the Belgian system, at Sing Sing, in this State. The medical profession of this country, and in particular our own specialty, may be congratulated upon the accession to its members of one of such high attainments, and so wide and valuable an experience.

The purpose of the essay is "to investigate certain forensic difficulties bearing upon philosophical desiderata concerning volition, and to demonstrate the absolute necessity of a co-existence of physical with psychical signs to allow a determination of the real mental state of persons supposed to be insane or simulating insanity."

We shall not attempt, in giving a brief outline of Dr. Parigot's views, to state the philosophical argument upon which he bases the recognition of a volitional rather than a moral insanity. German metaphysics is perhaps foreign enough to English ideas at best; but when translated without the help of our own idiom, it does not form a basis for nice discussion. That the old division of mind into the speculative and active, or the knowing and the determining powers, has its advantages in mental pathology, is indeed evident. We rid ourselves of the unhappy terms, moral insanity and instinctive insanity, in this manner, and have only intellectual and volitional disease. But here again arises a difficulty. Is not the ultimate fact in *all* insanity that of volition impaired or abolished by disease? for we do not diagnose insanity from a defective judgment unless there is a corresponding morbid volition. We are also obliged to dissent from the psychological theory implied in the following paragraphs:—

“Without entering into metaphysical explanation on the origin of a diseased volition, independent of an apparently sound judgment, it will be clear that if the mind be diseased by exaltation, depression, or perversion of one or more of our faculties, the effect of that disease is to deprive us of our liberty of action.

“An insane person says sometimes, ‘*I know I did wrong, but could not help it, because at the moment I was obliged to do it.*’ Now that shows that some process of volition, quite independent of the understanding, has been vitiated. In general, it may be said that there exists a *chasm* or *void* between intelligence and volition when morbid.”

That a *general* exaltation or depression of the mental powers can exist to the degree that the person is no longer properly held to be a free agent, and in nowise disorder the judgment and feelings, our experience will not allow us to suppose. Neither can we admit as proved, that volition may be reached and destroyed through the perversion by disease of a single faculty, while all the others remain intact. To fill the interval between intelligence and volition in the sane mind is often enough impossible; and without doubt in the mind of the insane the difficulty is infinitely increased. But to accept this apparent charm as a real one, is to give up the search after a connection, in the existence of which all analogy and the necessary principles of psychology compel us to believe.

Considerations similar to those which forbid us to follow Dr. Parigot into the metaphysics of insanity must also be our excuse for not discussing its relations to the statutes and legal rules of this State and of the United States. The learned gentleman has not—and it was not possible that he should have—as yet a sufficient acquaintance with this part of the subject to give a proper value to the suggestions which his learning and experience must afford.

But we have only our almost unqualified assent and admiration to give to his arguments against the fatal doctrines of moral insanity and the special manias. The chief design of the paper, to show that mental disease can not be predicated where physical signs are wanting, is amply supported by argument and authority, and is an important step toward placing the diagnosis of insanity on a sure and substantial foundation. This point once established, that moral

insanity of which the act itself—as of dram-drinking, stealing, or homicide—“may be the sole and only proof,” need not be farther discussed. We can only give room here for some extracts from the paper, defining the views of Dr. Parigot, and showing the guarded and conservative use of the term *diastrephia*, or volitional insanity, which he would introduce.

“Recent analysis of the functions of the mind has shown that its several operations can be divided into five faculties: 1st. Sensation. 2d. Moral feeling or emotion, (both of the receptive order.) 3d. Intellectual power. 4th. Volition, the only faculty according to the signification of the word;) and 5th. The natural instincts. The three last belong to human activity; it has been found, also, that any trouble, exaltation, depression, abolition, or perversion of any of our mental functions, when accompanied (as always is the case, more or less evidently,) with physical symptoms, was sufficient as good evidence before courts of justice. In fact, the study of psychologico-forensic medicine and its progress are, in a certain measure, the result of several cases of moral insanity which attracted great notoriety. The perusal of those trials is of the greatest importance for our studies. It may be seen that a great number of the accused were in a very extraordinary mental condition; the *unity* of their mind being in a certain measure destroyed, since they were in a struggle, trying to collect their ideas and feelings in order to master wild impulses! In almost each trial, in which moral insanity is the plea of defence, the prosecution maintains that such a disease does not exist, and brings forth examples and books to sustain this assertion: Lawyers not being able to distinguish the disease by its morbid symptoms, pretend that criminals are more or less *morally insane—id est*, wicked, dissolute, and perverted. On the other side, the defence has often resorted to this plea of insanity as a remaining chance of acquittal; some physicians, moved by a desire to wrest from the scaffold some prisoners that appeared to them more deprived of reason than malicious and wicked, have gone too far in their so-called philanthropic endeavor. \* \* \* \*

“In spite of many discussions, held in medical societies and academies, doubts concerning the theory of moral insanity, for legal purposes, have not yet been resolved. The reason of it may lie in the fact that if people consider moral insanity from the point of view of its flagrant attacks and of its terrible results on society; if, at the same time, the criterion of knowing right from wrong has been employed as a test, then the logical inference is, that such acts must be repressed and their perpetrators punished. But, on the other side, if physical and psychical symptoms agree in demonstrating a disease

of the brain, then it must be evident to courts, juries and lawyers, that the offender, at the moment he committed crime, had no power to control his will, nor to choose right from wrong ; that he was insane, because he could not dominate a morbid impulse, or that he was not able to adequate his actions to a real motive. \* \* \*

"Now, Esquirol said that the difference to be found in a mad-house and the world was only in a more accentuated shade of mad ideas, errors and passions, or propensities ; metaphysical science finds also no line that separates reason from madness. The celebrated Lelut—member of the French Institute—says, in a memoir on insanity, 'that in its beginning, insanity is still reason, as reason is already madness ! That mental predisposition, which may be organic cause of insanity, consists (for the *moral or sentimental sphere*) in excessive irritability and sensibility ; then appear strange desires, *perverted inclinations* and tendencies, bad passions, &c., (for the *intellectual sphere*;) they consist in want of attention, which leads to absence of mind, giving to the person an appearance of insensibility to external impressions ; then a vicious association of feelings ; ideas produce irregularity and discrepancies in words and phrases ; or a too rapid association of ideas brings on confusion of speech, incoherence and unintelligible ellipses of thought ; at last the symptoms of madness show themselves in false judgments, leading to wrong opinions, *determinations and acts* opposed to social order and morality.' Well, if there is no psychical demarcation between reason and madness, why not have recourse to the physical one ? It is admitted that it is necessary to compare the actual state of the individual to his previous state of mind and body, in order to appreciate the quantity or degree of existing differences ; but if that person was a little eccentric, would not serious difficulties arise, unless physical symptoms could be ascertained ? Every one may understand that, under such circumstances, lawyers tried to exclude physicians when cases could not be easily ascertained. 'What,' said an attorney for the crown, 'a so-called-monomania pleads guilty ; he knows what he has done ; he was aware of the penalty that his crime deserves ; he knows even the law which forbids such an action, and now medical men come here pretending that such a man is not guilty !' The answer is this ; If it is proved by the history of the case that there was no adequate motive ; that the perpetrator of the crime was not in possession of his free-will ; that an impulse forced him to the action ; if anamnestic evidence is in his favor ; if physical signs of insanity do exist—we say, that man being of unsound mind, no penal law can be applied to him ; but it is your right to employ any means, consonant with civilization, that you judge to be the best to prevent any future accidents or hurt to anybody from his disease. \* \* \*

"Now passion, hatred, anger, animal and selfish inclinations, &c., do not in the least destroy our liberty and volition. Instantaneous

madness may happen, but it is very rare ; in these cases latent symptoms have not been observed—that is all. Decision has always, in one form or another, preceded action, and our conscience has approved or rejected our motives ; this is so true, that criminals have confessed to have been obliged to get themselves under the influence of liquor, to be enabled to carry out their plans. In this case drunkenness is no more an excuse than passion could be ; and will never be considered as an excuse, because free-will was purposely diminished or oppressed !

“ In insanity free-will no longer exists, on account of a material condition of the mind, and therefore good sense requires that such a condition should be ascertained medically. \* \* \*

“ In our estimation, Diastrophia has the same relation to an act that delusion has to a thought ; they are two equal terms, indicating the error and guile of an insane person ; but the first is much more important and prejudicial than the second, which concerns only our individuality. There is an obvious reason why the terms of such a sort of algebraic equation cannot be inverted ; it is, that logic and grammar do not permit to express the delusion or delirium of an act meaning its folly or insanity. Diastrophia is a special perversion, only applicable to volition and instincts. By this distinction authors on pathology are able to classify that sort of infirmity.

“ From this point of view, insanity, considered in its true objective relation, furnishes us with a definition that meets better any form of insanity for forensic practice. It is no more to be said to be a total or partial deprivation of the power of reasoning and of distinguishing right from wrong, nor is the general character of insanity any longer an emotional trouble, as the celebrated Guislain called it ; neither can it be said to be a disease of our perceptive faculties, with subsequent loss of judgment. All these phenomena are characteristics of certain orders of disease, but not applicable to all cases, and especially to those requiring forensic discussion. For law purposes, insanity might be defined *the loss of power of control either over one or more of our mental faculties, including especially the absence of free-will, demonstrated by moral and physiological symptoms.*

“ In a medical point of view, it is an *idiopathic or sympathetic disease of the brain, which interferes with the psychological and physiological functions of this organ.* From the stand point of administrative authority that has charge of preserving the peace and security of cities, towns, or villages, *insanity begins only when a patient endangers the community or his own life and property.*”

\* \* \* \* \*

“ Now, supposing a judicial case in which immorality should have been the efficient cause of a mental disease, vice should have taken a morbid existence ; the prosecution says that it is clear that the



man is immoral, and is only trying to escape punishment ; public opinion is against the plea of insanity, as being fallacious : here the physician will be the only one unprejudiced, and in spite of all influence, relying only on the unequivocal signs of material disease in connection with psychical symptoms, he settles the case to the satisfaction only of his conscience. Sudden violent and ungovernable passions are not symptomatic of diastrophia—*nemo repente furiosus* ; it requires a certain time before passions or habits can inflict on us either a derangement of functions or a change in our tissues ; the power, also, of unbridled organic propensities is of long and gradual effect on our mind. \* \* \* \*

“We say, if pathological symptoms can not be traced *clearly*, if psychological symptoms are *doubtful*, a medical man can not give his evidence in favor of insanity.”

The list of physical symptoms, some of which must co-exist with psychical irregularities to warrant the inference of mental disease, presents only those which indeed every careful observer must recognize as having fallen under his notice in undoubted cases of insanity. They are pain in the head, and in parts which have a close sympathy with the brain ; the various symptoms of nervous disorder ; febrile and congestive phenomena ; the expression of the eyes and face, &c. It seems to us that a prominent place in this list should be given to dynamic changes in the cerebral functions. An augmented or a lessened cerebral activity is no doubt a somatic symptom, and, we think, one of the highest value for diagnosis.

Dr. Parigot has read the Huntington case, and has made the acquaintance of Huntington in the Sing Sing Prison. He says :—

“Shortly after my arrival at Sing Sing, a book on this case was kindly lent me by one of the most distinguished physicians of the county of Westchester, Dr. Fisher, and through his influence I was introduced to the convict in the State Prison.

“From the mere reading of the case, it appeared to me that the subject of that trial had been either a lunatic afflicted with a special deficiency of moral sense, a great instinctive cunning and abilities to deceive, or that he was a lunatic under the influence of diastrophia. After my visit to the State Prison, I came to the conclusion that Huntington was neither the one nor the other.

“After a few words exchanged, the convict himself declared that, in his opinion, he had never been properly insane, though he had felt *something wrong* going on in his head until two years since ; up to that period he would have counterfeited any man’s signature ;



he added, that his habit of forging had come to a degree that, to get his *own money* out of a bank, he would have rather employed a forged paper! Being, of course, a perfect stranger to all parties who appeared in his trial, the opinion I venture is free from prejudice, and only liable to errors of my own. \* \* \* \*

"Now, I believe the jury was right in finding Huntington *guilty*, although some doubts might have been entertained on his sanity. The necessity of visible symptoms, moral and physical, establishes, as a consequence, that in their absence or obscurity, that offender could not be found irresponsible for the numerous forgeries he had committed."

The paper concludes with the following propositions:—

"I. That the disease called moral insanity is but an affection of the faculty of volition and instincts, always attended by physical and physiological symptoms.

"II. That the name of moral insanity is defective, because it bears no relation to its cause, symptoms, and results; and that it misleads the opinions of the bar concerning crimes committed under its influence.

"III. That the laws and rules concerning insanity, relating to civil and criminal cases, ought to be made conformable to the actual state of medical science.

"IV. That no person ought to be considered as being insane, if physical and mental signs can not be traced and ascertained.

"V. That a reform concerning medical certificates is necessary, to insure regularity in obtaining from courts or judges orders to detain a person as being insane; that no such document be admitted, unless containing,

"1st. All the anamnestic, physical, physiological, and mental symptoms of the case.

"2d. The diagnosis and prognosis of the disease."

Our space does not permit us to notice here the remarks upon Dr. Parigot's paper in the subsequent meetings of the Academy. We hope to give an abstract of them in a succeeding number.

LUNACY IN ENGLAND.—A notice of the Fifteenth Report of the Commissioners of Lunacy, in the *Psychological Journal*, contains much of unusual interest. We condense and copy the following:

The ordinary asylum-returns have hitherto showed, from year to year, a steady increase in the amount of known lunacy. Was this known increase of lunacy dependent upon an actual augmentation of

the number of lunatics among the population, or was it to be accounted for upon other grounds? The present Report contains some valuable facts and opinions for the solution of this difficult problem, upon which hinges the practical question of further provision. We can not give these in detail, but they tend to the following conclusions:—

1. That the increase of known lunacy for several years back has been confined almost solely to pauper lunatics.

2. That the amount of known lunacy among those classes of the population who are raised above pauperism, or are liable to pauperism from lunacy,—the wealthier classes, in short,—has been diminishing, or at least has been stationary, for some years.

3. That it is probable that lunacy is not increasing in the kingdom in greater proportion than the increase of population:—the apparent increase of lunacy among us, as shown by the steadily growing population of our asylums, and the need for still more and more asylum accommodation, being dependent mainly upon certain circumstances incidental to the provision made for the care of lunatics in late years.

From the statistics of public asylums it is found that during the decennial period ending January 1st, 1859, their population had advanced from 10,801 to 18,022—an increase of 7,221 patients; while, taking an aggregate of the inmates of all the various asylums in England and Wales, there has not been any increase in the numbers of registered private patients within the same period. What is the cause of this peculiar character of increase? The Commissioners have positive information that pauperism has decreased, and they are unable to discover any material changes in the social condition of the laboring classes, rendering them more prone to mental disease. Failing, therefore, to find a satisfactory solution on the ground of increase either in pauperism or insanity among the poor, the Commissioners have taken into consideration “every circumstance bearing directly or indirectly on the condition of the insane poor, which may have the apparent effect of increasing their number,” and have classified them under the following heads:—

1. The large number of cases previously unreported, and only recently brought under observation. 2. The increased number of those sent to asylums. 3. The prolongation of their life when thus brought under care.

Under each of these divisions the Commissioners discuss in detail the operation of the apparent causes, and finally conclude that the great accumulation of pauper patients is mainly attributable—

1st. To the more complete collection of annual returns, formerly very defective in this respect.

2nd. To the detection and registration of cases formerly left unnoticed.

3rd. To the removal of a larger proportion of patients from localities where they were exposed to causes of death, into asylums favoring the prolongation of life.

4th. To the effect of sanitary regulations in asylums, of improved diet, and of various means of sustaining the health and promoting the longevity of the entire body of inmates.

5th. To a like effect on those out of asylums, from the removal of large workhouses to more healthy sites, and from the medical visitation of such of the insane paupers as are neither in workhouses nor asylums.

The Commissioners then proceed thus :—

“ Though it might, on the other hand, be fairly supposed that the increased proportion of cures in recent cases sent to asylums, caused by the improved modes of treatment now adopted, would have had the effect of diminishing the aggregate numbers resident, this latter cause of decrease in the comparatively few recent cases admitted, has apparently been more than counterbalanced by the prolongation of the lives of the many chronic cases brought under care.

“ And as in certain localities unprovided with any recognised means of sheltering their insane paupers, we have shown that their seeming proportion to the population is small, so if we look to other countries we shall find that in proportion to the amount of the provision made by the State, will be the apparent ratio of the insane to the population.

“ Considerations such as these furnish abundant reason for discrediting the statement which foreign authors have founded on our returns, to the effect, that the inhabitants of this country are more liable to insanity than those of any other civilized state.

“ Having thus indicated what we believe to be the causes of the great apparent accumulation of pauper patients, we come to deal practically with the fact that such causes being still in operation, we can only calculate on a further progressive increase ; and we accordingly draw attention to the subject, in the hope that committees of visitors will see the necessity of a timely increase of accommodation. Whether some means might not also be adopted for effecting a legal transfer of some of the harmless and chronic pauper cases to the care of relatives, with provision at the same time for securing the payment of an adequate sum for their care, maintenance, and medical visitation, is, we think, matter for consideration deserving the attention of the Legislature.

“ At a time when so large an amount of public accommodation exists, it may seem unreasonable to urge the necessity of making further provision ; nevertheless, the returns before us show the importance of such a step, for the admission into county and borough asylums during the latter half of the ten years under review, appear to have been in excess of the former half, to the extent of nearly 3000.

During the five years ending 1853, 20,544 cases were admitted ; and during the five years ending 1858, the numbers were 23,256 ; showing a steady increase in the influx of patients into our public asylums."

The Commissioners next observe that, even during the past year only, the number of patients in county and borough asylums has advanced to the extent of no less than 1151 ; and, finally, they conclude this most important portion of their Report in the following words :—

"It might be supposed that the admission of so many patients into asylums would be followed by a corresponding, or at all events a considerable, diminution of those placed or retained in workhouses, or receiving out-door relief. So far from this, however, being the case, the subjoined return shows that the insane poor, whether in workhouse or as single patients, have not diminished, but on the contrary have increased in number to a very considerable extent ; a circumstance attributable in all probability, as we have endeavored to point out, to the more complete registration of cases, and the greater attention which has been paid to their well-being of late years."

Assuming the probable correctness of the foregoing conclusions of the Commissioners in Lunacy, and that there is no sufficient evidence of an increased tendency to insanity among the population, the difficulties to be contended with in providing for our lunatics are in no degree abated. The actual condition of things in this respect is, indeed, just the same as if there were a real, progressive increase in the amount of lunacy in the kingdom. But the importance of ascertaining the true state of lunacy beyond the walls of our asylums and workhouses becomes still more apparent. We have often urged the need which exists for this knowledge, and we must perforce return to the subject again. Either our asylum accommodation has not been sufficiently extended to exhaust the substratum of chronic lunacy existing in the kingdom, or the increase of accommodation has taken place at so slow a rate, that it has never at any time overtaken the wants of the population. If the latter be the case, a large proportion of lunatics have been passing into a chronic state contemporaneously, and in about an equal degree, with the increase of accommodation.

Hitherto we have been content to deal with difficulties as they arose by meeting the immediate requirements of the moment and no more ; and it is proposed to meet our present great difficulty, the crowding of asylums with chronic cases, and their consequent inefficiency as curative institutions, in the same fashion. Our asylums are, in fact, chiefly lunatic receptacles—asylums not in the sense of hospitals for cure, but hospitals for life-provision. The suggestion to provide other, and above all subsidiary (overflow) asylums, is no doubt necessary, but it is, after all, but a palliative recommendation. If, as the Commissioners assert, the chief sources of the increasing

population of asylums rest in the measures which gave rise to their formation, and in the nature of the institutions themselves, it is evident that unless the accommodation provided by them be so widely extended as to afford at once a chance of exhausting the dead weight of chronic lunacy existing at large in the kingdom, and of thus bringing us face to face with the nascent lunacy, those sources will remain fully operative. At present, we simply extend our asylum accommodation proportionately to the evils (that is, evils in relation to the failure of asylums as means for checking and controlling the increase of the lunatic population) arising out of the system, *and not the good*.

That counties and boroughs, and cities should hesitate to commit themselves to an expenditure, which, as the Commissioners put it, may have an almost unlimited growth, and should, as a rule, confine themselves to such provision for the insane as is absolutely necessary, is very natural. For our present system of attempting to deal with pauper lunacy is very similar to that of an individual who might seek to dry up or check the course of a stream by lading the waters, and storing it in reservoirs, at the mouth. We have great reservoirs of lunacy, and solicit the stream of lunatics to flow into them. We find after twenty years that our reservoirs, new and old, are full to overflowing, but that there is no sign of abatement in the flow of the stream of lunacy. We, however, persist in crying out for more reservoirs, and display a most praiseworthy energy in seeing to the integrity of those which exist, and to the most fitting state of the contents thereof. But let us note briefly the rapidity of motion of the stream and the capacity of our reservoirs for its reception.

The rate of increase in pauper lunacy (including idiots) during the ten years 1847-57 was 4 *per cent. per annum*, that is to say, nearly four times the rate of increase of population, and of such magnitude that, if it persists, the number of pauper lunatics in the kingdom would be *doubled in twenty-five years*. The rate of increase of pauper lunatics in county and borough asylums in 1857 was such that, if it were maintained, the whole of the then present and prospective asylum accommodation would be filled in five years.\* We now learn from the Commissioners in Lunacy, that as the causes of this great increase in our lunatic population may be said to be inherent in our system of dealing with pauper lunatics as at present carried out, we may anticipate (as the Commissioners themselves point out) a persistence of this increase; and we are instructed to meet it by a continuation of precisely the same system of management under which the increase is occurring, and to which it is partly attributed—a system which has for results, that for every individual

\* See *Journal of Psychological Medicine* for full details on this question, vol. xii. p. 340, *et. seq.*



lunatic cured, two, it may be said, at a rough guess, become life-pensioners on the bounty of the public !

That this is a necessary consequence if the difficulties besetting the question be completely grappled with, we do not for a moment believe. But how is it possible to grapple with them without knowing all the data necessary for their solution ? It cannot surely be that we are to go on from year to year expending immense sums in carrying out a system of provision for our lunatics, a chief result of which is to augment the lunatic population of the country. Is it to be believed that this is a necessary result of an effective scheme of dealing with pauper lunacy ? That it is the result of the present scheme we now know on the authority of the Commissioners of Lunacy themselves ; and we frankly confess that we can see no help for it so long as we remain in ignorance of the actual state of the lunatic population at large in the kingdom. It is from this population that the crowds of chronic cases come in the first instance which fill our asylums, and interfere so seriously with their utility as curative institutions, hence bringing about a state of things which fosters chronic lunacy among lunatics at large. Until, therefore, we know the actual extent of the floating lunatic population, it is hopeless to imagine that any scheme can be developed which affords a reasonable hope of overcoming the difficulties which surround our present methods of dealing with pauper lunatics, or which would afford fair promise of ultimately holding in check the increase of pauper lunacy.

It is just to suppose that the diminution in the amount of lunacy among the wealthier classes of the population, is due in no small degree to the fact, that the provision made for the lunatics among these classes by private enterprise has been commensurate with the requirements of the case. It is just also to suppose that a similar result would follow from a like provision for pauper lunatics. But as private enterprise is sure to be developed proportionately to the field opened out for its exertion, it follows that it has an inherent power of adapting itself to the requirements of a people which public enterprise (so to speak) does not possess. For while the private individual limits his enterprise solely by the amount of present profit, as calculated by personal gain derived from it ; a public body is of necessity restrained in its action by the vaguer, less defined, and often variable character of notions of public gain, and by its being responsible not to itself merely, but to the behests of those whom it represents. Now, it is not to be expected that it either can, or will, or should act effectually without being fully possessed of all the facts upon which its action is required ; or if it does act in the absence of such facts, that action must of necessity be imperfect, which is the case with the doings of our public bodies in the cases of pauper lunacy.

We presume that the facts recorded by the Commissioners of Lu-



naey respecting private patients will somewhat modify the opinions of those who doubt the utility of private asylums. It is dangerous to the public weal at all times to tamper with legitimate private enterprise ; and private lunatic asylums are no exceptions to the rule.

It is unavailing to regret now that the details on the increase of patients in asylums, contained in the present Report of the Commissioners in Lunacy, were not laid before the Select Committee. It is difficult to conceive that the Committee could, had this been done, have omitted to observe the extreme importance, if it were in an economical point of view only, of ascertaining the true status of lunacy among our population. It is difficult to conceive also that the Committee would not have reported upon the necessity of an inquiry directed to this end, and the facility offered by the then approaching Census of carrying such an inquiry into effect. Not that the Census would have given all the information required, but it would have given, in the best and most economical manner possible, the data needed, as a basis for more elaborate local inquiries. Ultimately this inquiry must be conducted at the time of the Census, and by the same machinery, or by a special Government Commission, and it is not easy to see how this could possibly do the work required ; for its investigations must in the first place, be as widely extended as those of the Census. Sooner or later, however, the vast economical considerations, increasing year after year in weight and moment, must force this question upon the attention of the public and the Government.

---

DR. L. MEYER ON THE EMPLOYMENT OF OPIUM IN THE TREATMENT OF THE INSANE.—Notwithstanding the numerous researches and observations which have been made on the influence of opium in insanity, the conditions have not yet been precisely laid down under which it may act beneficially or mischievously. Under these circumstances, Dr. Meyer has sought to obtain the rule for the employment of opium in disease from the vast dietetic use of this substance made by so many persons in various countries. He regards this dietetic employment of the drug as an experiment on a vast scale, the conclusions from which are the more applicable to psychiatry, inasmuch as the appearances arising from the morbid conditions of exhaustion, on account of which the opium is resorted to, exhibit considerable analogy to the symptoms of certain forms of insanity.

The author relates twelve cases in which he has watched the administration of opium ; and, according to his experience, it is of especial use in those reflected forms of insanity which may be finally referred to a neurosis of the sexual apparatus—*hysterical alienation*

—which in its acutest and most aggravated form exhibits itself as ecstasy, always associated with religious or erotic mania, and most often with both. The loss of strength from deficiency or absence of sleep is of the more importance in these cases, inasmuch as it is not compensated by taking an increased amount of nourishment. Under the influence of opium the paroxysms cease. The indication for its use thus oftenest occurs in the female sex; but a complete condition of hysterismus may be also induced in man by masturbation and other debilitating influences. Opium is also of utility after the debilitating conditions of the puerperal state, and after uterine hæmorrhage—the mental disturbance, and the hæmorrhage, however, being only regarded as co-ordinate symptoms of the same condition of disease—hysteria. It is of service in other conditions of debility, although its influence is not exerted directly against the cause of such debility, for after the relief of the psychical disturbance, the conditions of anæmia and weakness may persist. For a rapid recovery a short duration of the disease is a necessary preliminary; and an exact diagnosis is essential. As contra-indications especial attention must be paid to the signs of acute idiopathie cerebral irritation, and to the inflammatory character of the disease as shown by fever, ascertained to exist by measuring the temperature. Dr. Meyer commences with a dose of two grains, repeating it in two hours. If repose and sleep are obtained, it is discontinued; and at all events after four such doses there must be a pause of from six to twelve hours, when the opium must be repeated as before, if still required. Sometimes the opium seems to be only absorbed to a slight extent, and obstinate diarrhœa is rather to be feared than constipation. In very urgent cases the first dose may be raised to three or four grains, while in great gastric sensibility and inclination to vomit it may be diminished to one grain and repeated hourly. Opium enemata are not recommended, but the injection of a solution of morphia into the cellular tissue is a useful procedure, on account of its easy applicability and its rapid and certain effect. In the more chronic cases of hysterical alienation more moderate doses are to be used, as from one to three grains one hour before bedtime. Opium is also of use in the hysterical alienation which results from alcoholism and chronic metallic poisoning. Dr. Meyer warns his readers against the error of regarding opium as a universal remedy in melancholia or melancholia agitata; and even in cases in which its use is indicated, it must be discontinued when anorexia and a loaded tongue, with obstinate constipation, have continued for two or three days.—*Schmidt's Jahrbucher*, Band cix. s. 81.

---

ERRATUM.—Page 307, seventeenth line from bottom, for “eharm” read “chasm.”



# AMERICAN JOURNAL OF INSANITY.

---

VOL. XVIII.

UTICA, APRIL, 1862.

No. 4.

---

ESSAYS, CASES, AND SELECTIONS.

---

THE RELATIONS OF INEBRIETY TO INSANITY. By  
GEORGE COOK, M. D., Brigham Hall, Canandaigua, N. Y.

THE progress of medical science, in all ages, has been measured by the zeal and labor of those who have patiently, and with scientific accuracy, investigated the structure and functions of the human organism, and observed the causes, origin, symptoms, termination, and pathology of disease, as presented in individual cases. From such data alone, gathered from all available and reliable sources, can we arrive at correct conclusions in regard to the essential nature and treatment of disease. The experience of a single observer, however extended his practice and ample his qualifications, is rarely sufficient to determine, beyond question, all the varied relations and complications of a single disorder; to trace its course, decide its nosological place, and leave upon record a complete chart for the guidance of those who succeed him.

Theories have their proper uses; but when they usurp the place of facts, they only serve as false guides, opening the way to error rather than truth. In a special manner should speculative pathology be regarded as a poor substitute for the scalpel and case-book.

VOL. XVIII. No. 1.

A

And is that pathology far removed from the speculative, on which some observers rest specific forms of disease, without having demonstrated, in a single instance, their existence and relation to the morbid manifestations? I do not mean to question the accuracy with which symptoms are noted by these observers, but when they give to a certain aggregation of symptoms a name and place in nosology, *inferring* the pathology from the symptoms, I think that they pass the boundaries of legitimate medical research. I shall have occasion to consider dipsomania in relation to the point here suggested.

The pathway of the physician who devotes himself to the observation and study of mental maladies, is no well-graded railway, with mental flanges and grooves to secure his advance in the right direction. He may as easily go astray in this as in other departments of medical research, if he does not adhere to the general laws applicable to the investigation of all forms of disease. He, of all observers, can not afford to dispense with any of the aids placed within his reach by medical science. And when his investigations take him within the sphere of the moralist, he goes as a physician, prepared to consider the manifestations presented, in their pathological as well as their physiological relations, and he should aim to discriminate carefully, assigning to each, as far as facts may warrant, their proper place and influence. This department of medical inquiry forms the debatable ground of psychological medicine. The social, legal, and medical interests involved are of paramount importance, and demand an earnest, honest, careful consideration.

To avoid any misunderstanding in regard to the terms disease, insanity, and cause, I will briefly state the sense in which they will be used. *Disease* is defined as a "departure from health in function or structure, an altered condition of function or structure, or both, in some part of the organism;" in brief, disease is synonymous with structural or functional change. An appetite, natural or acquired; a habit, incipient or confirmed, can not, therefore, be recognized as disease.

*Insanity*, in all its phases, has one essential condition, disease of

the brain, structural or functional. However widely observers may differ in defining the nature and symptoms of insanity, this essential condition is recognized by all, in modern times. In making functional disease of the brain, however, one of the essential conditions of insanity, I do not wish to be understood as asserting a belief in the existence of functional disturbance, amounting to disease, without some corresponding change in structure. I simply aim to make the term, insanity, sufficiently comprehensive for the objects of this paper.

The word *cause* will be used in its scientific sense, as indicating the exercise of force, simply, thereby producing effects upon the organism, which may, or may not, be morbid in their character.

The relations of inebriety to insanity will be considered under the following heads :—

1st. The effect of prolonged or excessive indulgence in alcoholic stimulants upon the brain and nervous system, as a predisposing and exciting cause of mental disease.

2nd. The importance, relative and otherwise, of the craving for alcohol as a symptom or consequence of mental disease, or of sympathetic disturbance.

3rd. Intemperance as a concomitant of insanity.

4th. Intemperance considered as a habit.

Among the causes of insanity in its various phases, alcohol holds a prominent place. In the reports of the hospitals of Bicêtre and Salpêtrière, for the year 1859, the ascertained causes of insanity in five hundred fifty-three cases are given, and of this number the abuse of alcohol claims two hundred forty-six, a fraction over forty-four per cent. In the years 1857–8, there were admitted into the Charenton Hospital three hundred fifty patients, and of these cases one hundred two, or about twenty-nine per cent., were made insane by the use of alcohol. These statistics come from a country where there is less drunkenness than in our own land, though the moderate use of wine is more universal among all classes of people. In England, the abuse of alcoholic and fermented liquors is generally conceded to be one of the most prolific causes of mental disorders. In the



States of America, as far as I have been able to determine from an examination of the reports of hospitals for the insane, it causes about ten per cent. of all the cases admitted. That the actual number greatly exceeds this proportion can not be doubted.

Dr. Magnus Huss, of Stockholm, believes that both the immediate and remote effects of alcohol are of a specific character, and he uses the term "chronic alcoholism," to designate the disordered condition of the nervous system which results from intemperance. Dr. Marcet, of London, in a work upon "Alcoholic Stimulants in connection with the Nervous System," sets forth the nature and symptoms of alcoholism. Dr. Morel, of Paris, has recently published a treatise on mental disorders, in which he classes chronic alcoholism among the "mental perversions produced by the use of divers inebriating matters." Dr. Morel says that "when we employ the term *chronic alcoholism*, we wish to designate a pathological state, physical as well as moral, in an individual, who, enjoying primitively his reason, suffers himself to slide progressively into habits, which, becoming inveterate, present themselves in the form of irresistible tendencies, and determine in the organism lesions of a special nature." Alcoholism, therefore, is simply an effect of which the substance, alcohol, is the cause, and the most that these writers claim, is, that this effect is of a specific character. We have, first, the voluntary indulgence, then the gradual formation of habits, becoming irresistible, and terminating in disease. The pathological conditions have their appropriate symptoms in the disturbed functions of the brain and nervous system, not merely in the morbid craving for the accustomed stimulant. The symptoms which these authors enumerate are more or less familiar to all observers, and they are often but the prelude to delirium tremens, or the common forms of insanity.

The far-reaching hereditary influence of intemperance, its effect upon the mind and morals, the numberless violations of the laws of health to which it leads, directly and indirectly, have long been recognized as active predisposing causes of cerebral disorders. It is not my design to enter at length upon this branch of the subject, and I thus briefly touch upon it here for the purpose of directing attention

to the relative importance of inebriety as a cause of insanity. I have only to remark, before passing to the consideration of the craving for alcohol as a symptom or consequence of mental disease, or sympathetic disturbance, that the pathological changes wrought by the abuse of alcohol have not hitherto received, by virtue of their cause, an exceptional and specific place in nosology. Pneumonia traceable to a debauch is pneumonia still, and why should mania or melancholia resulting from alcoholic excesses, differ in any essential particular from the same phases of disease produced by other causes?

That the craving for alcoholic stimulants is, in some cases, a symptom or consequence of cerebral disease, or of sympathetic disturbance, I assume as well established by the medical records of the last fifty years. In what cases, then, may it properly be recognized as a symptom of structural change in the brain? And should the intemperate use of alcoholic liquors, unaccompanied by other indications of cerebral disorder, be regarded as forming a special type of insanity? What are the recorded facts and opinions?

A solution of these questions will be sought, in a comparative analysis of recorded cases, in the observations and opinions of distinguished physicians, and in such other facts and cases as will aid in clearing away some of the popular obscurities of the subject.

Inebriety, or the excessive use of alcohol, may be rightly considered a symptom of insanity when conjoined with other indications of disordered cerebral action. Thus, Esquirol says: "There are cases in which drunkenness results from some accidental disturbance of the nervous system, physical and moral, which deprives man of his freedom of action; the patient changes suddenly from habits of sobriety, some physical or moral causes lead to this change, and there are symptoms which precede and announce its approach."\*

In the following case, reported by Esquirol, the appetite for alcohol may be placed among the symptoms of insanity:—

A lady, at the age of twenty-eight years, lost a daughter, and became sad, restless, and frightened at everything; her thoughts were

\* *Des Maladies Mentales*, ii: 74.

ineoherent ; after some weeks her health was restored. When thirty-six years of age, without apparent cause delirium returned, presenting the following features ; sadness at first, languor of stomach, moral despondency, and incapacity to make the least exertion. After six weeks, general excitement and sleeplessness, agitation, irregular movements, desire to drink to excess, incoherent ideas, and perversion of the affections. These symptoms disappeared after two months, and with returning reason the patient became calm and sober. Every year since, she has had a similar paroxysm. The last year, 1836, she was bled three times at the commencement of the attack, which, nevertheless continued unchecked, and terminated in the month of June. In the following October, she had convulsions ; in December, suppression of menses, refusal of food, and languor of stomach. After a few weeks, abuse of liquors, sleeplessness, hallucinations, conviction that enemies were in pursuit of her. After a month, remission, but soon followed by a return of all the symptoms. She was taken to Charenton on the 24th of April, and the paroxysm ceased near the end of May, preceded by the appearance of the menses.\*

Another case given by Esquirol, is quoted at length by Dr. Ray,† in his chapter on drunkenness. That the distinguished writer who reported this case recognized the other symptoms of insanity, and did not rest his diagnosis upon the apparently irresistible desire for intoxicating drinks alone, is evident from the fact, that he briefly mentions the case under the head of monomania of drunkenness,‡ while in his chapter on melancholia,§ he gives in detail the symptoms, progress, treatment and termination.

The development of the craving for stimulants by sympathetic disturbance, connected with the organs of reproduction, and strengthened by habit, is illustrated by the following case, given by the same observer :—

\* *Des Maladies Mentales*, ii : 77.

† *Medical Jurisprudence of Insanity*, § 383.

‡ *Des Maladies Mentales*, ii : 75.

§ *Des Maladies Mentales*, i : 466.

Mrs. ——— had always been sober and regular in her conduct. At the age of forty-two years, she experienced the first disturbances of menstruation, and had indigestion with lassitude. In the hope of strengthening herself, she took wine ; she felt immediate relief ; little by little she increased the quantity, and ended by drinking without the knowledge of her husband and family. Subsequently she procured brandy, and drank to intoxication. She abandoned her ordinary occupations, lost her affection for her family, and became irritable and passionate if opposed. This continued for six years ; menstruation then ceased, and soon after she took an aversion to both wine and brandy. She returned to habits of sobriety, and enjoyed excellent health to the age of seventy-two years. The daughter of this woman became insane at the age of thirty-two years.\*

Esquirol reports several other cases, to which I may have occasion to refer in another place. In those I have now given, the desire for alcohol was but one of the secondary symptoms, developed in the course of the disease. The pathological change and sympathetic disturbance preceded the craving for stimulants, and gave indications of their existence and progress by the usual manifestations. Esquirol himself classes one of these cases under the head of melancholia, and he might with equal propriety have placed the others, one under the form of mania, the other in that class of cases marked by perverted or morbid appetite, resulting from sympathetic disturbance.

Esquirol believed in the existence—and here I quote his own words —“ of a mental malady of which the principal character is an irresistible impulse for fermented or alcoholic drinks.”† Observe, he does not say that this appetite or indulgence is the only symptom or character of mental disease in these cases ; he asserts simply that it is a principal, and sometimes, he remarks in another place, “ a primary indication.” And hence the name of monomania of drunkenness, or dipsomania, based, it would seem upon one symptom only—desire to drink alcoholic liquors, pronounced irresistible.

\* *Des Maladies Mentales*, ii : 75.

† *Des Maladies Mentales*, ii : 80.

In all deference to those who give such a prominent place to what they term irresistible impulse, in this and other phases of insanity, I would ask, how the presence of this impulse is to be unmistakably detected? In inebriety, is the fact that the habit of drinking is not controlled, positive evidence that the freedom of the will is destroyed by disease? In short, is it not one of the most difficult tasks to measure the power of the human will in disease as well as in health? And when a medical expert says, that a certain act is the result of an irresistible impulse, is he not merely giving expression to an opinion? Thus his assertion, or mine, that a person acts under an irresistible impulse, is after all only an opinion, and liable to error. It is not a fact beyond question, and we ought always to discriminate between the opinion and the facts on which it rests. I am bound to receive, and give due place and weight to all well authenticated facts, and observations of symptoms, and treat with candor and respectful attention the opinions of others founded thereon; but am I to be gravely told, that all there is left for me to do, is to receive these opinions, and save myself the trouble of further thought and investigation? Such would seem to be implied by a recent writer in the JOURNAL OF INSANITY. This assumption may be very flattering to those who have gone before us, but it accords neither with the general practice in scientific investigations and discussions, or the nature of the human mind, and it effectually bars all further progress.

The views of Mare differ in no essential particular from those of Esquirol. Dr. Prichard, in his chapter on moral insanity, gives some cases in which the prominent symptom was excessive indulgence in alcoholic stimulants. They are, in all important features, similar to those which Esquirol classes under the head of monomania of drunkenness.

Dr. Ray, in his *Medical Jurisprudence of Insanity*, after remarking that habitual drunkenness produces a "permanent state of cerebral irritation, which at last becomes real inflammation; that the coats of the vessels are thickened and less transparent than usual, and in some places they assume a varicose appearance; that the

cerebral texture is less delicate and elastic, becoming either unnaturally hard or soft, and that slight effusions of water are not uncommon," adds, "obviously, as these pathological changes are the effects of a long-continued voluntary habit, there is strong evidence in favor of the idea that they, in turn, become efficient causes, and act powerfully in maintaining this habit, even in spite of the resistance of the will."\* Similar changes of structure in the liver, stomach, and other organs, result from long continued abuse of alcohol. Admitting these effects of alcohol and the opinion above expressed to be correct, alcohol simply holds the relation of cause to the pathological changes which result from its prolonged and excessive use, and we have the phenomena of alcoholism as given by Huss, Morel, and Marcet. It may be simple drunkenness with its moral perversions and degrading influences, or it may terminate in well marked insanity. But whatever the result may be, the cause should not be confounded with the effect; the habit which gradually displaces the action of the will, or bends it to its service, the poisonous substances which excite and irritate the brain and produce changes in its structure, have their proper place and influence among the causes. But when they lead to insanity, the disease will manifest itself in some other symptom than simply an irresistible craving for the accustomed stimulant, just as when they terminate in apoplexy, we have the usual symptoms of apoplexy.

Dr. Ray gives some cases in illustration of his views from the *Anatomy of Drunkenness*, and describes the periodical form of inebriety;† and in the following section, adds that "Esquirol has distinctly recognized this disorder, both in its continued and periodical form, under the name of dipsomania."‡

If the reader will glance at sections 381 and 382 of Dr. Ray's chapter on drunkenness, he will see that they refer to the continued and periodical forms of this *vice*. Dr. Ray refers, in these sections, to no other symptom of disease, no other moral or intellectual distur-

\* Medical Jurisprudence of Insanity, §380, §381.

† " " " §381, §382.

‡ " " " §383.



bance as preceding or accompanying this uncontrolled appetite for alcohol. I have already had occasion to state, that Esquirol recognized a mental malady, of which the principal character is an irresistible impulse for fermented or alcoholic drinks.\* I certainly do not understand by this language, that he intended to recognize drunkenness, unaecompanied by other indications of nervous and mental disorder, as forming a distinct phase of insanity. Here is a brief extract from the prefatory remarks of his chapter on drunken monomania. He says :

“ I have not to consider here the abuse of fermented or alcoholic drinks, neither the pathological effects of their abuse ; I have to prove that, if the abuse of alcoholic liquors is the result of degradation of mind, of vices of education, and of bad examples, there is, nevertheless, a morbid impulse, which impels certain individuals to excessive indulgence.”† Is it not clear that Esquirol is writing of a class of cases differing essentially from those described by Dr. Ray, in the sections above mentioned ? It seems to me that Esquirol makes a clear distinction between the habit of intemperance, its usual concomitants, its pathological changes, and that phase of mental aberration preceded and aecompanied by the ordinary symptoms of nervous disorder, which he designated dipsomania. In the former, the intemperance precedes and causes the disease ; in the latter, the disease causes the intemperance, and its pathological conditions are indicated by other symptoms besides the craving appetite for alcohol. In other words, the alcoholic craving becomes one of the symptoms of insanity.

There are two cases reported by Dr. Ray, presenting, in his opinion, a close affinity in their origin and symptoms to one quoted from Esquirol, to which I have already had occasion to refer.‡ Both were young men, seamen, masters of vessels, and both drank to excess ; one of them on two occasions only, the other whenever placed

\* Des Maladies Mentales, ii : 80.

† Des Maladies Mentales ii : 74.

‡ Des Maladies Mentales, i : 466 ; ii : 75.—Ray's Medical Jurisprudence of Insanity, § 385.

in command of a ship. In one case there was fatigue, exposure, and great anxiety of mind, which seriously affected the health; in the other, simply the responsibility of his command.\* No other evidences of disease, physical or mental, are given. Could there have been no other impelling motive in these cases than irritation or inflammation of some portion of the brain? Might not an intimate knowledge of the personal habits of these men, from their childhood to the hour of their loss of self-control, have revealed some other than a pathological cause? The evidence given does not exclude the possible existence of other causes, and seems very slight indeed to warrant the expression of an opinion that they were cases of mania, of any form.

In this connection the case of a servant girl, at the Salpêtrière, is given by Dr. Ray, from Esquirol, "who, upon the slightest cross or contradiction, began and continued to drink until prevented by strict seclusion. If not taken in time she got drunk, became furious, and attempted suicide."† Let us see what other important fact, of this girl's history, is given by Esquirol. He says: "While I was at the Salpêtrière, we had a servant girl, *who had been a maniac*, and who was subsequently attached to the service of the division for the insane. At the least contradiction this girl began to drink. She had recourse to a thousand artifices to procure wine, and could only be prevented by strict seclusion. If she was not taken in time, she became furious, or attempted suicide."‡

Dr. Tuke, under the general form of emotional insanity, describes dipsomania. After urging the importance of discriminating this phase of mental disease from what he terms a "physiological condition, in which the human animal chooses to indulge in alcoholic beverages," he says: "The admission of this disease into the department of mental pathology does not need to make us conclude that there is no such thing as intemperance without disease, and on the other hand, the fact that the abuse of alcoholic drinks has, oftentimes, no disease to plead in its excuse, must not lead us to the oppo-

\* Medical Jurisprudence of Insanity, §385.

† Medical Jurisprudence of Insanity, §386.

‡ Des Maladies Mentales, ii: 73.

site extreme, of denying that a truly diseased cerebral condition may exist, the result of which is inebriety. How, then, shall we distinguish the two conditions, when the result—intemperance—is the same in both? First, by observing whether there are any symptoms present which can be referred to primary disorder of the nervous system. . . . The family psychological history, again, is of great importance. . . . But to come to the circumstances attending the habit itself, the prominent feature of this propensity is its *irresistibility*.\* It is evident that Dr. Tuke, while using the term dipsomania to designate a certain phase of mental disorder, does not rest a diagnosis upon a single symptom. The patient, according to his view, is not a dipsomaniac because he drinks to excess, but because of a diseased cerebral condition, which manifests itself *primarily* in disorder of the nervous system. Is not the craving for stimulants thus shown to be only one of the symptoms, and not the essential nature of the disease? Why name this diseased cerebral condition, dipsomania? Why, by the very term employed to designate it, confound it with a vice so universal as drunkenness? And when Dr. Tuke applies the terms habit and propensity to this irresistible thirst for alcohol, this prominent symptom of a diseased brain, so prominent in his estimation as to give a special form to the disease, how does he wish to be understood? He has already told us that we are to look for “primary disorder of the nervous system,” as distinguishing this phase of madness from drunkenness; and yet he speaks of this cerebral disease, by which the will is overpowered, as a habit, a propensity! If a man drinks from habit, if he has ever so strong a propensity for alcohol, and yields himself to the greatest excesses, disease of body and mind may be the result. But this, surely, is not primary disorder of the nervous system; it is not intemperance caused by morbid agencies. Dr. Tuke, I apprehend, allows himself to confound the vice of intemperance with the disease of which intemperance is sometimes a symptom, when he thus speaks of the habit of drinking. If a man has, primarily, disease of the

\* Psychological Medicine, by Bucknill and Tuke, page 218.

brain, and is thereby driven by an irresistible, morbid cause to drink alcohol, that, certainly, is not habit. And this is just the distinction which I understand Dr. Tuke to make between drunkenness and dipsomania; the one is a voluntary habit, the other is disease impelling the victim on to indulgence by its morbid power.

Dr. Hutcheson divides dipsomania into three forms, the acute of rare occurrence, the paroxysmal, and the chronic. Among the causes of chronic dipsomania, he enumerates, injuries of the head, diseases of the heart, hereditary predisposition, and intemperance. Bearing in mind that Esquirol, Tuke, and other observers, place some degree of importance upon the existence of primary disorder of the nervous system, indicating a diseased cerebral condition which results in intemperance, is it not apparent that Dr. Hutcheson is writing about another class of cases, when he assigns intemperance as a cause of dipsomania? And his description of this form of the disorder is nothing more than a description of chronic alcoholism, or common drunkenness. "The patient," he says, "is incessantly under the most overwhelming desire for stimulants. He will disregard every impediment, sacrifice comfort and reputation, withstand the claims of affection, consign his family to misery and disgrace, and deny himself the common necessities of life, to gratify his insane propensity. In the morning, morose and fretful, disgusted with himself, and dissatisfied with all around him, weak and tremulous, incapable of any exertion of mind or body—his first feeling is a desire for stimulants, with every fresh dose of which he recovers a certain degree of vigor, both of mind and body, till he feels comparatively comfortable. A few hours pass without the craving being so strong; but it soon returns, and the patient drinks till intoxication is produced."\* Does the drunkard do less than all this? Does he not sometimes, yea, oftentimes, do more, and violate the most sacred of human and divine laws? Search the records of crime, and you will find the answer written in violence and blood.

Dr. Harlow, of the Maine Insane Hospital, read a paper before

\* *Psychological Medicine*, by Bucknill and Tuke, page 220.

the Association of Medical Superintendents of American Institutions for the Insane, at their meeting in 1860, which was printed in his annual report for the same year, on "Inebriety considered as a Disease." He defines dipsomania, or oinomania, to be "an irresistible impulse to indulge in the use of intoxicating substances." In another place, he says: "The most prominent pathognomonic symptom attending this disease, is the utter inability to control the thirst for drink." Like Dr. Hutcheson, he divides the disease into the acute, the paroxysmal, and the chronic. The following is his description of the chronic variety:

"The patient is continually under the irresistible impulse to take some kind of stimulant. Overwhelmed with the desire, he sacrifices everything that makes life attractive to his insane appetite. Wealth, reputation, family ties, even the common necessities of life, are disregarded. He comes forth in the morning, after mayhap a restless, sleepless night, morose and fretful, dissatisfied with himself and all about him. Weak and trembling, he feels himself unequal to any mental or physical exertion, and, to allay the gnawing sensation in the stomach, flies at once to his potation. After each succeeding draught, a degree of comfort and satisfaction returns, hope springs anew, and he resolves upon a better course of life. The craving distress is for a time appeased, but it soon returns, and he continues drinking until intoxication is produced."\*

The reader cannot fail to observe the striking similarity in the views expressed by Dr. Hutcheson and Dr. Harlow; indeed, they agree quite as well in the use of language as in opinions. For a complete comparison of the writings of these gentlemen, upon dipsomania, I would refer to the publications noticed in the margin.

Here we again have great importance assigned to what is termed the irresistible impulse for stimulants. The overpowering of the human will, by any cause whatsoever, is not like a fractured limb, that you can see and handle; it is not even a simple act, that you can examine, and compare with the healthy individual standard. It has

\* Report of Superintendent of Maine Hospital for the Insane, 1860, p. 23.

to do with the invisible springs of human action, and, from the very nature of mind and its relations, the question must be exceedingly difficult to determine. The evidence going to show the existence of morbid causes by which the will is subverted or trammelled, needs to be scanned with care, and the mere assertion of a man that he can not resist the temptation to do certain acts, his reckless disregard of many or all the ordinary motives that control human conduct, are not conclusive upon this point. If there is cerebral disease, of so grave a character as to destroy the freedom of the will, we should look for and expect to find some other manifestation of its existence than this alcoholic craving, in these so-called chronic and paroxysmal dipsomanias.

Even if it is satisfactorily shown—and I think it may be shown—that the propensity to drink stimulating liquors, in certain cases, is irresistible, it does not prove the existence of insanity. Dr. Bucknill, one of the most careful observers of mental diseases, remarks: “It may be that emotions and propensities which have acquired strength by constant indulgence, become at length as irresistible, when the moment of temptation arrives, as those which are the result of disease.” I have no doubt of the truth of this, and it has an important bearing upon this irresistible impulse for stimulants, as a prominent or pathognomonic symptom of dipsomania. Instead of indicating disease, in the class of cases described under the head of chronic dipsomania by Dr. Hutcheson, it is, in my opinion, purely a physiological condition, the result of habits, which, having become inveterate, “present themselves in the form of irresistible tendencies.”

An examination of such cases of inebriety as come under the observation of the medical officers of asylums and hospitals for the insane, ought to furnish some instructive facts in regard to the point under consideration. For the sake of brevity, and to avoid repetition, I omit individual cases, and will arrange the patients who have come within my knowledge in classes, giving a brief description of each class, omitting mania-a-potu, and all those cases of insanity accompanied, either in their earlier symptoms or progressive development, by the alcoholic appetite. Most of Esquirol's cases, reported under the head of dipsomania, belong to the latter class.



There is a class of young inebriates found in asylums. Some of these have never known and felt the wholesome, restraining influences of home life; others, having early thrown off the parental control, are quickly developed by vice and its associations into "fast boys," reckless, alike, of the present and future. They become passionate, profane, licentious, drunken; without any guiding and controlling motives, they are useless and dangerous, and as a last hope their friends send them to an asylum.

Another class is composed mostly of men, who, day by day, drink to excess, or have periods of debauch, with more or less frequency and regularity. These last are the paroxysmal dipsomaniaes. The habit, in these cases, is usually confirmed by many years of indulgence, and the brain and nervous system not unfrequently suffer in consequence. Their power of self-control is weakened, perhaps overcome under temptation, by the master force of habit, or they are in a state of chronic alcoholism. Some of these men lament their condition, strive to regain the mastery over their appetite for liquor, and voluntarily yield themselves to seclusion and restraint.

A third class of cases, small in number, come under the care of the medical officers of asylums. The origin of the habit dates back to the days of boyhood, but as years pass, and these men engage in the active cares and duties of life, the habit is for a time suspended, or indulged in secret; occasionally they break away from the restraints imposed by the will or by worldly considerations, and are suddenly, without reflection, hurried into excess and the gutter; from thence to the wards of a hospital or lunatic asylum.

A fourth class is composed of females addicted to the use of opium and alcohol.

Cases of mingled insanity and intemperance are common. They may be found reported under the forms of mania, general and partial, melancholia, and general paralysis. But if there are cases of inebriety, or dipsomania, as described by Dr. Hutcheson, received into American asylums which do not belong to one of the foregoing classes, it has not been my fortune, in a period of observation extending over thirteen years, to meet with them. Perhaps others, with

more extended opportunities for observation may have seen other phases of this vice. Judging, however, from the reports of the medical superintendents of American asylums, dipsomania must be exceedingly rare among our people. Dr. Stokes, of the Mount Hope Hospital, Baltimore, reports sixteen cases in 1859, and Dr. Tyler, of the McLean Asylum, Boston, in his report for the same year, mentions the occurrence of such a form of disease. With these two exceptions, I have looked in vain for any reported cases in American asylums, for the years 1858-59. Dr. Skae, of the Royal Edinburgh Asylum, treated four cases in 1859, and, during the same year, there were four cases in one thousand seventy-two patients received at the Bicêtre and Salpêtrière, all of them females.

In view of all the facts recorded and observed upon this question, I can only conclude, that intemperance is entitled to the same place among the symptoms of insanity as any other human appetite or action; that when associated with other symptoms of cerebral disorder, it may, and often does, indicate insanity; that when unaccompanied by such symptoms, it ought not to be regarded as a symptom even—much less should it be considered as forming a specific type—of mental disease. Hence, I believe the name applied to it to be not only “a needless refinement,” but incorrect, and productive of evil consequences. Dipsomania means, if it means anything, that the patient is in a state of mania, specific in form, and having a peculiar and specific pathology, indicated by a craving for alcohol so strong and imperious as to overpower the will by its morbid influence. And we are told by some observers that the thirst for alcohol alone is sufficient evidence of insanity, upon which to rest an opinion; that it is pathognomonic! We are further informed that all those who venture to reach any other conclusion than this, are departing from the orthodox ways of psychology, and calling in question the existence of a form of mental disease recognized by Esquirol, and “considered as well established as any other.” I have given Esquirol’s opinions, and some of his cases, and have shown that he did not distinctly recognize, as a form of disease, this chronic and paroxysmal drunkenness; and I submit that a study of cases does not warrant such assumptions as those stated above.

In what part of the brain, let us ask, do we find this organ of thirst so walled in, so isolated in its structural and functional relations, as to be subject to disease to such an extent as to destroy the freedom of the will, without involving any other portion of the cerebral substance, or disturbing any other function? The scalpel has never revealed such a cerebral organization; on the contrary, the cellular and vascular relations are so intimate, that no part of the brain or its membranes can become seriously diseased without involving, in some degree, the surrounding tissues. Again, in cases of insanity caused by the excessive use of alcohol, and accompanied by the alcoholic craving, the disease has no specific form and no specific pathology; the pathological changes are various, as also are the mental manifestations.

Suppose a person who "has always been sober and temperate, after some calamity or affliction, or after a fit of sickness, suddenly takes to deep drinking, and this disposition is a grief and marvel to himself;" "that the indulgence gives him pain rather than pleasure." I have known cases of which the above might be said, and I need hardly add that much more should be said to complete their history, and indicate their real condition. Incomplete histories of cases are closely allied to incomplete observations, and are of little worth. A careful examination of such a case as the one supposed above, might, or might not, reveal disease of the brain; most assuredly it would if the person were suffering under mania, and there would be no necessity of giving it a special name, as the evidence of its existence. But such cases are not of the most frequent occurrence; they are not the chronic and paroxysmal dipsomaniacs described by Dr. Hutcheson; they are not frequently found in our asylums for the insane, nor are they likely to fill our inebriate asylums.

Intemperance is frequently a concomitant of mental derangement. Among the patients received into our asylums are many whose previous habits have been, more or less, irregular and intemperate. The mental disease is traceable to other causes than alcoholic excesses, but as the healthy cerebral action gives place to the morbid, the healthy balance of the functions is impaired, the propensities as-

sume a more controlling influence, and the appetites crave a more frequent indulgence. In these, intemperance is only an exaggeration of a habit or propensity; it holds neither the relation of cause or symptom to the mental disease, but is simply one of its concomitants. No particular consideration or examination of these cases is necessary; I thus briefly allude to them as showing one of the relations of inebriety to insanity.

The power of habit, as it influences and controls human thoughts and actions, is seen and felt by all men. The parent bears in mind this potent influence, and endeavors to "train up his child in the way he should go;" the educator makes it subserve his purpose, and the moralist and physician have to do with its good and evil effects, in forms without number. In many individuals, the power of habit seems to bear imperial sway, and the will either bends its utmost energies in aid of the usurper, or feebly struggles to free itself. Few men possess such organizations as never to feel its influence. In most men, actions, whether good or bad, tend to repeat themselves, and when frequently practised they acquire a power of reproduction independent of volition. I have known a vicious habit formed in early boyhood, suspended by a change of circumstances, and again resumed, later in life, on a return to the early associations and opportunities. And when associated with the appetites and propensities, who shall measure accurately the extent of this power of habit? Is it necessary to conclude, therefore, that every man is insane, who either does not, or cannot, control his appetites? This irresistible impulse for alcohol, which is considered as forming the essential nature of paroxysmal and chronic dipsomania, is it anything more than the power of habit and alcoholism? We see the same impelling force, the same binding of the human will to the yoke of servitude, the same resulting degradation of mind and body, in the opium-eaters of the East. Undoubtedly the nervous system is disturbed, and the brain suffers under the use of the narcotic, but are we prepared to make opium-eating, when the habit assumes a controlling power, and the appetite demands indulgence, a special form of insanity? Heshish has its millions of slaves; are they too forced

to use this potent drug by the influence of primary cerebral disease?

We are told by the very highest metaphysical authority, that "as a man soweth that shall he also reap," and every man's life illustrates the truth of these words. A man voluntarily yields himself to some demoralizing indulgence for the first time, and a breach once made in the walls of self-respect and self-control, a second indulgence meets with less resistance, a third with still less; each repetition of the act gradually acquiring a power of its own, until, by frequent indulgence, a myriad of broken resolutions lie buried in indifference and despair, and habit sways the sceptre of dethroned manhood. The seeds of intemperance are generally sown with some care. No frequent or excessive indulgence is intended, but time passes, and the master who either cautiously or heedlessly scattered the seeds of vice, becomes thereby transformed into the slave, reaping a bitter harvest of weakness and drunkenness.

I believe I do not err, when I say that this all-pervading element of human character, in its relations to the special phases of inebriety, has not received the attention it merits. Some observers seem to ignore its existence, and hastily assume that a large class of confirmed inebriates are suffering under mania; others, while recognizing the force and power of habit, and the effects of alcohol, suffer themselves to depart from the very principles of diagnosis which they profess to follow. Thus it happens that the habit of drunkenness is, too often, considered by medical men as forming a type of insanity, under the specious term of dipsomania.

The reader will bear in mind Esquirol's remarks, quoted on a previous page, from the introduction to his chapter on drunkenness as a monomania; also, what he says about the sudden change in habits, and of the preceding and accompanying symptoms of disordered nervous action in these cases of drunken mania. And I would ask him to find a single one of these symptoms, if he can, in the following case, translated in full from his work on mental maladies:\*

\* *Des Maladies Mentales*, ii: 78.



"M. G——, a lawyer, aged 41 years, of medium size, sanguine temperament, dark hair and eyes. He had always enjoyed good health—for some years only, he had a cutaneous affection which spread over the whole skin, and gave to his hands the appearance of elephantiasis. His character was gentle, yielding, and even feeble. In his youth he had a liking for alcoholic drinks, but did not fall into drunkenness; subsequently he indulged more freely, and sometimes got drunk. Possessed of an office at court, he lost public confidence, and was obliged to dispose of his place. No longer having any occupation, he spent his time and his money in drinking to such an excess, that, in the statement received from this patient, he said that in one day he had drunk 171 small glasses of brandy. For a year, or thereabouts, he every night frequented the lowest drinking-houses, in which he passed the night with the most abject class of unfortunates. He was arrested, and committed to the police prison, where he remained three months, when he was taken away by one of his aunts, who had pity on him, clothed him, and, making him promise that he would never again give himself to such excesses, sent him to the country. He was not slow to return to his sad habits; he sold his effects, and disappeared. During several days his family were in great anxiety, ignorant of his condition and whereabouts. Finally, he returned to the same aunt, where, after enduring many reproaches, and receiving good advice, he formed the resolution of retiring to Charenton, promising to conduct himself well there. He entered Charenton, the 4th of January, 1836. He was calm, polite, and of agreeable manners. His conversation was interesting, and he occupied himself with literature. Speak to him of his excesses, he would blush, appear ashamed and repentant, and promise to resist his unfortunate appetite. He declared, with the accents of despair, that he was drawn away in spite of himself, as soon as he saw the possibility of satisfying his appetite for liquor. If I talked with him, telling him how humiliating and hideous such conduct was for a man who had received a good education, and had a wife and children; how it impaired his health and intelligence: he would appreciate the justice of my observations, thank



me for my good wishes for him, weep with shame and chagrin, form the most severe resolutions, and consent never again to leave the house if he fell into the same excesses.

“Notwithstanding his good sentiments, his protestations, and his promises, each time that we permitted him to leave the establishment he controlled himself for three or four days only, after which he drank, and returned in a state of complete intoxication. If, after one of these excesses, we retained him for some weeks, his conduct became regular, and his reason perfect; he would not demand his release, but after a long privation the excitement returned, and there was no promise or device that he would not use to regain his liberty. Is there a power stronger than the will and reason of this unfortunate man which impels him to such excesses? of which he feels all the shame, deplors the effects, and promises to correct? All our efforts for eighteen months to help this patient to control himself have been unavailing.”

There was no sudden change in the character and morals of this patient, none of the ordinary symptoms of disease of the brain and nervous system. We have simply one fact presented for examination; he did not control his appetite for liquor. Esquirol does not distinctly say that he considered this a case of insanity, but, from its place in his writings, we have a right to infer that he so regarded it. To reach this conclusion he must, first, have been of the opinion that the patient acted under an irresistible impulse, and resting upon that opinion is the opinion of his insanity. Esquirol must either have discarded or overlooked his own diagnostic marks for these cases. Was there no “abuse of alcohol,” no “pathological effects of alcohol,” no “vice of education,” no “influence of bad examples” in this case? Yet Esquirol distinctly disclaims all intention of considering such cases under the head of dipsomania.

Going back to the prominent fact in this case, tracing the origin and progressive development of the alcoholic appetite, I should say that the impaired self-control was the result of habit, engrafted upon a character naturally devoid of firmness and self-reliance. And in reaching this conclusion I follow the principles laid down by Esquirol

himself. If this was a case of insanity, in which the alcoholic craving was preceded or accompanied by disease of the nervous centres, Esquirol comes short in his record. He gives us simply a case of drunkenness, devoid of a single symptom entitling it to a place in a work on mental diseases.

Thus early in the history of this phase of vice and disease, do we find the undue prominence given to the symptoms of alcoholic craving, and the consequent name of dipsomania, leading to the introduction of a class of cases in which an opinion must rest upon the single symptom, or rather habit, of intemperance. I hesitate not to say, that the well established rules of medical science, as applied to the investigation of disease, warrant no such introduction, sustain no such opinion. And the departure from a careful observation of facts, and legitimate opinions deduced therefrom, has steadily widened, until at the present time there seems to be an almost universal failure to discriminate the cases in which the alcoholic craving ought to be regarded as a symptom of insanity, from the large class of habitual drunkards.

Let us glance for a moment at the discussion upon this question, by the Association of Medical Superintendents of American Hospitals for the Insane, at their annual meeting in 1860.\* One member of the Association remarked, "that it was extremely desirable that such a class of cases (dipsomaniacs) should be treated elsewhere than in hospitals for the insane. Some cases recovered by a protracted confinement. Perhaps eight, out of forty or fifty that had come under his care, had done so. He regarded the influence of such cases upon the insane as very unfavorable, and as associating the victims of vice with those of disease." Another says, that this "class of cases was very troublesome, being extremely noisy in the first stage of the disease, disturbing every one in their immediate vicinity, and during convalescence annoying the other inmates of the asylum by obtrusive inquisitiveness." A third divides inebriates into two classes; "the first composed of those persons who had been

\* American Journal of Insanity, July 1860.

addicted to drink from childhood, becoming 'fast boys,' and finally ending in broken-down men." In the second class, he placed those "who had abstained from liquor until they had arrived at an adult age, and then were tempted into the habit by social influences, or perhaps, as they might allege, by the physician's prescription." A fourth tells us that he has a ward especially devoted to the recent cases of mania-a-potu, but he regretted to say that the majority became chronic in character, and had to be treated in company with the other inmates of the institution. He confessed that he had very little hope of any good being done by the establishment of an inebriate asylum, so long as spirituous liquors were sold on almost every corner of the streets." A fifth did not think that "treatment could be of any avail in the disease, if power was not vested in the officers of any such institution to retain the patients a sufficiently long time to allow them to overcome the disposition to drink by abstinence, and give them strength of mind enough to keep their good resolutions." A sixth stated, that "cases of mania-a-potu were formerly received into the asylum under his care, and were always discharged restored as soon as the immediate effect of the alcoholic poison had passed off. None of these cases had ever been reclaimed from their habits of intemperance, because they were never willing to remain long enough in the institution to effect that result; and further, that no amount of uncontrollable impulse to drink, unconnected with other symptoms of mental derangement, was regarded as sufficient evidence of insanity to justify detention in an asylum." A seventh "recognized as a form of insanity the disease denominated dipsomania, and doubted very much the practicability of an institution for the cure of inebriety; he did not think a cure could be effected." An eighth, thought that "the dipsomaniac had many points of resemblance to the drunkard," but he adds, "that there are cases of dipsomania, no one can doubt who has ever met with a person who, for instance, has always been sober and temperate, but who, after some calamity or affliction, or after a fit of sickness, suddenly takes to deep drinking, and this disposition is a marvel to himself, and a great grief, and is entirely uncontrollable." A ninth said

“that he had never had a well marked case of this form of insanity, but he regarded this as a specific form, and the inevitable tendency to indulge in alcoholic drinks its striking characteristic.” Other members, with one or two exceptions, recognized the existence of dipsomania as a disease. “The common drunkard,” it was remarked, “indulged deliberately for the gratification of his appetite, while the dipsomaniac seemed to drink against his will, the act itself appearing to give pain rather than pleasure.” It was further stated by a member, that “he could never have confidence in the entire reformation of any one who had become the victim of indulgence;” and another adds, that “he knew a man who suffered from an uncontrollable desire to drink, and had been striving, by all the means that lay in his power, to overcome the habit; a circumstance which proved quite conclusively that such desire was the result of diseased action.”

Is there not a very remarkable commingling of terms in these quotations? The subject under discussion was the phase of insanity with alcoholic craving; why then does one observer speak of the victims of vice, and say that this class of cases should be treated elsewhere than in an asylum for the insane? Is that form of insanity so very special and exceptional that it must not be treated as insanity except in opinions and discussions? Why does another speak of an extremely noisy class of patients in the first stage of the disease? Does he consider mania-a-potu as dipsomania? And note the expressions, fast boys, habit, appetite, drunkards, good resolutions, uncontrollable impulse, reformation, disease, &c. If cerebral disease develops our “fast boys,” then are they more deserving of sympathy and physic, than punishment and restraint; if habit and appetite are special forms of mania, then our lexicons need a speedy revision; if drunkards are madmen, our hospitals should rival in number our dram-shops; if good resolutions have remedial properties, and can “minister to the mind diseased,” our pharmacopœias are sadly deficient. How many of the participants in the discussion referred to confine their remarks to that phase of disease described by Esquirol and Tuke? And how many of them speak of the *habit* of drink-

ing alcohol? Could there be a better illustration of the fallacious tendency of giving undue prominence to one symptom of disease, and resting thereon its name and pathology, than is shown by this commingling of terms, this failure to clearly discriminate the physiological from the pathological drunkard; vice and habit on the one hand, from cerebral disease accompanied by intemperance on the other?

The victim of vice; the sufferer under mania-a-potu; the fast boy; the drunkard who forms the habit in adult age; the chronic case of disease following mania-a-potu; the disposition to drink curable by abstinence and good resolutions; the habit of intemperance ending in delirium tremens; the victim of intemperance who realizes his degradation, mourns over his loss of self-control, appears to derive pain rather than pleasure from indulgence, and strives ineffectually to regain the mastery over his appetite;—none of these are cases of insanity, and in no correct sense can the mental condition involved be designated by the term dipsomania. There is no primary nervous disorder resulting in intemperance, but primary intemperance resulting in the formation of a dominant habit, in vicious degradation or in disease.

Note the reason assigned by one member for his distrust of any good results to be accomplished by the establishment of inebriate asylums. Corner dram-shops may cause intemperance and disease, but I am unable to perceive what important relation they hold to primary nervous disease, having for one of its manifestations a craving for stimulating substances. If there is brain disease causing this appetite, would not the symptom continue, though every dram-shop were suppressed? By preventing the sale of alcohol to a man laboring under such a phase of disease, you would not even be removing the cause of the malady; you would only be controlling one of its external manifestations. I have a right to conclude, therefore, that these remarks, whether so intended or not, really apply to the habit of intemperance, to the drunkard and the temptations which surround him, and not to dipsomania with morbid change in the brain.



Observe that the remedy proposed is simply restraint. If disease is primary, and the alcoholic craving secondary, then surely something more is necessary to effect a cure than preventing indulgence by confinement. If the impairment or perversion of the will and morals is caused and perpetuated by the force of habit and alcoholism, acting separately or conjointly, then the treatment proposed is legitimate and proper. What is the inference as to the class of cases really described? Are they dipsomaniacs or drunkards?

We have the remark made in the course of this discussion, by a member, that he could never have confidence in the entire reformation of any one who had become the victim of indulgence. Is it not still more difficult to believe in the power of an individual to effect his own restoration from brain disease of so serious a nature as to overpower the will, by the physiological process of repentance and reformation?

In another place we are told that the ineffectual striving to overcome the desire to drink alcohol, proves conclusively that such desire is the result of diseased action. It follows, therefore, that all ineffectual striving to overcome desire and habit, of any kind whatever, proves the existence of a pathological cause, and consequent irresponsibility. How many men are there who have not some habit of manner, of thought, of action, of life, which they may strive ineffectually to control? By parity of reasoning, the lunatic's opinion of the world's insanity would become a logical necessity.

I conclude from all the facts and observations within my reach—

1st. That inebriety or intemperance frequently holds the relation of cause to mental disease. This effect of alcohol was observed and recorded by the earliest writers upon insanity, and the evidence of its increasing influence may be found in the subsequent observations of all writers upon the causes of mental derangement, and in modern hospital statistics.

2nd. Intemperance is entitled to a place among the symptoms of insanity when it is preceded or accompanied by other evidences of disease of the nervous centres. It should be borne in mind, in considering this relation of inebriety to insanity, that we have to look, not



alone upon the series of acts called intemperance, but also upon the cause of these acts; for there is no single human action, taken apart from the mental condition from which it springs, from the previous character and habits, and the surrounding circumstances, which indicates beyond all question the existence of insanity. When the act is clearly prompted by delusion, the question is relieved of all difficulty, but when the intellectual disturbance is not apparent, and only uncontrollable desire or irresistible impulse inferred from the very act which we are called to examine, in its relation of symptom to certain pathological changes, then we must have something more than the act, we must have evidence that the act is the result of disease, we must have the ordinary symptoms indicating the existence of the pathological changes, or else we have no legitimate authority for the conclusion that it proves the existence of insanity. And such a conclusion has no other weight than is given it by our own individual opinion. When evidence of disease of the brain and nervous system is manifest, the act, the outgrowth of the disease, takes its proper place among the symptoms. It does not become the disease, or even the essential character of the disease, nor ought the nosological place of the malady to be determined thereby.

I further conclude that the physiological power of habit, acting at the moment of temptation, displacing or overruling the action of the will by its impetuous force or unceasing craving, is the foundation on which rests the superstructure of inebriety, in all its chronic and paroxysmal forms. I am not now speaking of the effects of the alcoholic poison described by various writers under the term alcoholism, or of those exceptional cases, of comparatively rare occurrence, in which intemperance is suddenly developed with other marked changes of habit, character and physical condition, but of the large class of inebriates from volition and habit, around whom many members of the medical profession are disposed to throw the mantle of insanity and irresponsibility. While I would extend to this unfortunate class of persons the utmost sympathy and assistance, and afford to them the restraining and reformatory influences of an asylum, I would urge the importance of carefully discriminating between them and

the sufferers under cerebral disease. The medical, moral and legal relations of each class demand this at our hands.

There remains the small number of cases in which alcoholic craving and indulgence, with more or less prominence, co-exist with other unmistakable symptoms of cerebral disease. From such cases comes the name, dipsomania, which I regard as erroneous and mischievous. Bequeathed to us by early writers and authorities upon insanity, this term has been made, by subsequent writers, to cover the habit of intemperance as manifested in its chronic and paroxysmal forms, mingled as it advances with the phenomena of alcoholism.

Such are the conclusions which I reach by a careful survey of recorded facts, observations and opinions, aided by personal investigation and study of the relations of inebriety to insanity. I claim for them no other place or weight than a careful and impartial investigation of facts and cases will give to them. I ask for them, and the important subject to which they pertain, that consideration only which shall help to correct error and establish truth, in this department of psychological medicine.

#### CASES OF FRACTURE OF THE RIBS IN INSANE PATIENTS, REVEALED BY POST-MORTEM EXAMINATION. BY JOSEPH WORKMAN, M. D.

THE case of death from fractured ribs related in Dr. Gray's Report of the New York State Lunatic Asylum for 1860, and noticed in the JOURNAL OF INSANITY for January last, is well deserving of the careful consideration of all physicians, and other persons, who are connected with institutions for the insane. I am fully persuaded that such cases are of more frequent occurrence than may yet have been apprehended. The absence of all the symptoms ordinarily resulting from fracture of the ribs, or sternum, and the final superven-

tion of others having no apparent relation to the previous condition of the patient, are abundantly adequate to the induction of erroneous diagnosis. So far as I am aware, the existence of thoracic injury in cases similar to that recorded by Dr. Gray, has, in no instance yet recorded, been suspected prior to death, and has first come to light only through post-mortem examination. This fact sufficiently warrants the belief, that we have not yet become so familiar with these casualties as we might have been, and as certainly for our own safety, we should be.

It can not be expected that the medical profession at large, without opportunity of ever becoming aware of the reality of these, or other, incredibly exceptional and totally anomalous cases, should be better informed upon them than the members of the specialty of insanity. It is not, then, wonderful, that in legal or other investigations of such cases, "eminent medical gentlemen" may give expression to opinions altogether antagonistic to actual facts. No surgeon who has ever treated a case of fracture, even of one rib, and no patient who has ever had experience of so unpleasant an injury, can readily be persuaded that the existence not simply of one rib-fracture, but of half a dozen, or a score, may be encountered in insane persons, without the accompaniment of a single symptom of the category usually assigned to such injuries.

My friend, Dr. Smith, Medical Superintendent of the Durham Asylum, England, in his Report for 1860, has related a most interesting case, which in that year was presented in his institution. The patient was a "general paralytic," aged 44 years, "a strong, tall, and well-built man." He not only was exempt from every symptom which might indicate fractured ribs, but up to a few hours before death he was "continually exerting his lungs in a powerful manner." "On post-mortem examination, no discoloration was seen over or near the chest, but 10 ribs (4 on the right, and 6 on the left side) were found fractured, several of them in three, and all in two places." "Large collections of fluid were present in the pleural cavities."

Dr. Smith has satisfactorily established the fact, that the fractures were not of recent occurrence, and that they were inflicted before the patient was brought to the asylum.

In the same year, a similar case occurred at the Bethlehem Asylum, and another at Colney Hatch. In the legal investigation of the latter, it was contended that the patient could not "have walked about and taken his food as usual for three days, without exhibiting any symptoms of having received so extensive injuries."

Is it not of the gravest importance to the faculty of alienists, that their brethren of the faculty of medicine should be furnished with all the information we can collect on this subject, or on others connected with the pathognomonic deviations of insanity? How, otherwise, can we hope to protect ourselves from the fallacies of their testimony, whether before the tribunals of justice, or the more terrible ordeal of public judgment,—a court whose revisions of error hardly ever come in time to re-instate its victims in the position of innocent, much less of meritorious men?

I am well assured that the insane may be the subjects of most formidable disease, whilst not the slightest manifestation is afforded of its presence by those symptoms which would unavoidably present themselves in other persons; and that they, not unfrequently, pass out of life, leaving even the experienced physicians of asylums in total ignorance of the real cause of death. The only reliable basis of correct diagnosis in the bodily ailments of our patients, is that which is educed from constant autopsical research. In the last nine years I have allowed no opportunity to pass unimproved, in which I was not clearly satisfied of the true pathology of cases terminating fatally in the Toronto Asylum; and, among other profitable results, has been that of detecting the presence of fractured ribs in two cases, quite similar in their history to those noticed in the reports of Drs. Gray and Smith; the first one was presented in January 1859, and the second only a few days ago. In neither of them was there present, up to the time of death, any symptom which indicated broken ribs, nor indeed any other form of chest disease, with the exception of œdema of the feet and legs in one; and this condition appeared only four days prior to death.

I shall here present, as concisely as possible, the details of the two cases, trusting that they may not be unacceptable to the readers of the JOURNAL OF INSANITY.

## CASE 1.

J. A., aged 33, reported before admission to be a most furious and dangerous lunatic. On admission he was pale, as if from inanition and want of sleep. He was restless, noisy and destructive at first, but in the course of three weeks he became quiet and harmless, took his food well, and appeared to rest well at night. He complained of no pain whatever, and had no cough. On the thirty-third day after admission, I observed œdema of the feet, and ordered that he should go to bed, prescribing such remedies for the dropsical symptoms as were thought proper. Next day the œdema had extended to the legs, and it continued to increase. On the third day, clear indications of hydrothorax were observable, but from his restlessness close examination was impossible. He died on the fourth day.

The post-mortem showed the left thorax completely filled with water, the right thorax half full, and about three ounces in the pericardium. The abdomen also presented dropsical effusion.

Seven ribs were found fractured, and presented very imperfect marks of restorative action. The condition of the broken ends, and the whole appearance of adjacent parts, proved satisfactorily that the fractures were of a date more remote than that of his admission; and I felt convinced that they had taken place in the gaol from which he was sent, or more probably at home, before his commitment. The brain presented a highly congested condition, and other marks of inflammatory action were seen. The lateral ventricles contained about an ounce and a half of serum.

## CASE 2.

D. C., a tall and powerful-looking man, admitted 17th December, 1861, and certified to have been insane for only 8 weeks previously. He presented, on entrance, unmistakable indications of general paralysis. He was very noisy, and spoke with great authority; in fact, he was hardly ever silent, and though he spoke with the peculiar lingual drag of patients of his class, there was no want of volume in his voice. He said he had no pain; his appetite was very keen; and I marked him down as an early victim to general paraly-



sis. He continued to go about until six days before his death, when an apparent aggravation of his paralytic impairment presented, and he was confined to his bed. He gradually became more feeble, but had no coma. He could swallow, though with difficulty, until a few hours before his death, which took place on the forty-ninth day from his admission.

So little suspicion had I of the existence of any other disease than that of the brain, that on the completion of this portion of the autopsy I left the dead-room, saying to my assistants, they need not trouble themselves with any further search, as the patient's abdominal and thoracic organs were doubtless quite sound. But they were not satisfied to relinquish their labors. They proceeded to the opening of the thorax and abdomen, and, on dissecting back the integuments preparatory to cutting through the ribs, they detected on the right side, beneath the *pectoralis major*, deposits of dark pus at two points, which proved subsequently to be seats of fracture. The 1st, 2nd, 3rd and 4th ribs were found fractured, about an inch from the cartilaginous ends. The cyst of the upper deposit of pus was over the fracture of the first rib; the lower one extended over the other three fractures. Under the microscope scarcely a single pus-globule was discernible; so that the deposit could not have been recent. No separation had taken place. The right pleura was adherent to the fourth rib, and to the space between the second and third ribs. The fractures ranged in a straight line, as if all caused by one blow, or most probably by a fall on some hard edged substance. In neither side of the thorax was there any deposit of serum, worthy of notice; and the lungs were both healthy.

The pericardium contained about three ounces of serum, and the heart presented partial fatty degeneration.

The scalp showed an old cicatrix, about an inch and half from and behind the anterior fontanelle. The dura mater was adherent to the skull from the anterior fontanelle backward over the whole summit; and it was adherent to the brain from the same point backward, along the great fissure, about one and one-fourth inches on each side. A considerable quantity of fluid was diffused over



the whole brain, beneath the pia mater. The meningeal vessels were considerably congested, but slices of the brain, under the microscope, showed little vascularity. There was general œdema of the brain substance, and it had this form of softening only. On the base of the brain fully three ounces of serum was found; and behind the tentorium about one ounce.

It will be apparent, from the details of the above two cases, that death in each of them proceeded from very different causes. In the first, it certainly resulted from hydrothoracic asphyxia; in the second, the respiratory capacity of the lungs had undergone no decrease, and I am inclined to ascribe the final lethal symptoms exclusively to the brain.

Now, should any "eminent medical gentlemen," as in the Colney Hatch case, allege that my two patients could not have had fractured ribs, even for "three days, without exhibiting very distressing symptoms, which could not have been masked," I should feel irresistibly inclined to advise him not to make an ass of himself; and I am sure there is not an asylum Superintendent in Europe, or America, who would not concur in the propriety of this advice. "Eminent medical gentlemen," who have not spent their lives in the practical study of insanity, would act very prudently in abstaining from rash deliverances in all questions relating to the malady, in which they find themselves in antagonism with those better qualified to give a correct opinion.

I have seen a patient die, after 20 hours' illness, who, for seven years before, appeared in fair health, and took his meals with a fair appetite; yet on post-mortem examination, I found fully one-half the stomach destroyed by cancer. I have found in another the whole intestines displaced, and lodged in the abdomen; and yet the patient never had, or at least never complained of, any abdominal pain.

It would be no difficult work to extend the catalogue of these cases of insane immunities; but it cannot be at all necessary that I should do so for the majority of the readers of the *JOURNAL OF INSANITY*, and it would be useless for those who never trouble them-

selves to read anything on mental disease, but whose presumption is by no means less than their ignorance. I have known an instance in which eleven medical gentlemen, who believed themselves "eminent," pronounced a simulator of insanity, who all the time was internally laughing at their gullibility, a profound lunatic; nay, further, several of them declared the party *idiotic*. *Ne sutor ultra crepidam.*

---

#### DR. J. FALRET ON THE CLASSIFICATION OF INSANITY.

TRANSLATED FOR THE AMERICAN JOURNAL OF INSANITY FROM THE ANNALES MEDICO-PSYCHOLOGIQUES, by J. H. WORTHINGTON, M. D., Physician to Friends' Asylum for the Insane, Frankford, Pa.

At a meeting of the Medico-Psychological Society of Paris, held, 26th November, 1860, the classification of insanity being under discussion, Dr. J. Falret said:—

Gentlemen: In entering upon the discussion which has been raised in this Society relative to the classification of mental diseases, it is not my intention to review the numerous systems adopted by different authors, at home or abroad. This has already been done by Dr. Buehez, in his report on the "Treatise on Mental Diseases" by Dr. Morel. I shall, therefore, take no notice of the classifications hitherto proposed, neither shall I venture to add a new one to the long catalogue of those which have been published down to the present time.

I propose to enumerate, briefly, the principles which, in every science, ought to be borne in mind in establishing a natural classification; to demonstrate that the one generally adopted in our department of medicine is not based on these principles; and to point out, in a few words, the course we ought to pursue in order to discover, as speedily as possible, a correct system of classification—the ultimate object of all science worthy of the name.

I need not detain you long in urging the utility of classification in

all sciences, or the superiority of the so-called natural method, based upon a large number of facts, over the artificial or systematic, which rests upon a smaller number, or even upon a single character only. These are general principles, applicable to all sciences, which I can only mention without considering them more fully at present. Certain writers, even at this period, are disposed to deny the utility of classifications, and to consider them as fruitless labor, which injures more than it tends to the advancement of science. This is to ignore the essential wants of the human understanding, and the instinctive tendency which compels it irresistibly, as it were, to approach facts by their resemblances, and to separate them by their differences, and to seek for general laws which may serve for its guidance amid the confusion of individual facts. This tendency of the human mind is so absolute and universal, that it is found in the infancy of individuals as well as of nations. It leads children to learn first the general characters of objects without noticing their minor details, and presides over the formation of the language of savages, among whom general ideas, such as that of a tree, for example, are expressed before the particular one of an oak, poplar, &c.

In setting out with this primitive idea, formed at first by a spontaneous act of the mind, man descends by a more and more discriminating analysis, the insensible declivity which leads him gradually from these general ideas to the more accurate knowledge of individual facts. But after this long period, the mind, which can no longer rest satisfied with the diversity of individual facts, feels the imperative need of laboriously ascending the slope which it had descended so easily, and of elevating itself anew, by a truer and more exact synthesis, to a knowledge of general facts and general laws.

Such is the invariable progress of the human mind, not only in the formation of languages, but in all the branches of knowledge. To deny the necessity of scientific classification is, therefore, to ignore the essential conditions of the mental constitution. Consequently, when the so-called exact school of philosophers pretend to forego all classification of the facts of science, and to confine themselves to a direct and separate examination of particular facts, the mind,

which cannot bend to these arbitrary rules incompatible with its nature, forms for itself methods of classification altogether defective and incomplete, which it uses provisionally in the absence of a regular and truly scientific method.

Since, then, classifications are indispensable, what are the principles on which they ought to be based, in order that they may best fulfill the end for which they are designed? How can cases be grouped by their true analogies, and separated by their essential differences, so that we may be able to divine from the place they occupy not only the assemblage of symptoms which they actually present, but also their evolution; that is, to be able to judge from their present of their past and future.

We have neither to look for nor to invent these principles. They have already been discovered by our predecessors in the walks of science. We have only to follow the example of those sciences which are more advanced than our own—botany, for instance, the most perfect of all in this respect—and to apply the same principles to medicine in general, and to our specialty in particular. These principles may be summed up in two words. We must make use of the *natural method*; that is to say, of a classification based upon the whole group of symptoms, considered in all their relations, and succeeding each other in a definite order which is possible to be foreseen, and not of the artificial method, which groups cases according to only one or a very small number of symptoms, and leaves us in ignorance of everything except what serves as a pretext for the reunion of cases very dissimilar under all their other aspects.

To sum up, briefly, the conditions essential to a natural system of classification, we will say that they are three in number.

1. The class must be based on *a group of symptoms* belonging to all the cases comprised in it, and not upon a single symptom which only serves to bring together, in an arbitrary manner, cases entirely dissimilar in other respects.

2. These characters ought to be so related and mutually dependent among themselves, that, the most important being known, the existence of the others might with confidence be predicted.

3. The cases united in the same class ought not only to present groups of similar characters which connect them together, and of distinguishing symptoms which separate them from the neighboring classes ; they ought also to present symptoms which follow each other in a definite order, and have a mode of succession which can be foreseen—in a word, an evolution peculiar to each group.

We have, then, *groups of similar and distinguishing symptoms, a certain order of succession, and an evolution which may be foreseen, of the facts united in the same class.* Such are the conditions necessary in order that a classification may merit the title of natural.

It will require but slight attention to perceive that the classifications in use in mental pathology are far from uniting the indispensable conditions of a natural method.

Without entering into the details of the various principles which have heretofore served as a basis for classification, it is easy to perceive that they all belong to the artificial method ; that is, they are based on a single one, or on a small number of characters. They may be divided into four principal categories.

These have for their basis : 1. The intellectual, moral or affective faculties admitted by physiologists, which are supposed to be affected singly in insanity of the intellect, of the sensibility, and of the will, giving rise to intellectual, emotional, and instinctive insanity, respectively. 2. The predominant ideas and sentiments, as in ambitious, religious, or erotic insanity, &c., &c. 3. The acts to which the patients are impelled—suicidal and homicidal insanity, pyromania, kleptomania, &c., &c. 4. The greater or less extent of the intellectual disorder, and its character of cheerfulness or anxiety, as in the general and partial, expansive and depressive, forms of insanity.

We can not enter here into a detailed examination of these four kinds of classification. In respect to the first three, we will confine ourselves to the single remark, that they are essentially artificial, that they are based in fact on only one symptom, and consequently join together in the same class cases which are so dissimilar that they present among themselves no point of resemblance, save the sin-



gle symptom which has served to unite them in the same class. This mode of classification might be useful for the study of isolated symptoms, for the symptomatology of the ideas, emotions, or prominent actions of the insane, and may offer some advantages for the methodical observation of symptoms, but can never serve as a basis for the natural classification of mental diseases.

As to the fourth mode, which is based upon the partial or general character of the mental disorder, and is the mode of classification generally adopted at the present day, it is doubtless less artificial and imperfect than the modes first mentioned, because, by grouping the secondary around the principal phenomena of the disease, it admits of a useful and practical description of the different forms of mental disorder. It is liable, however, to the same objection of classifying the insane according to their factitious analogies, and of not sufficiently taking into consideration the *ensemble* of symptoms which they present, and especially the course and progress of the disease. Nevertheless, the relative value of this classification, and the importance which attaches to it in consequence of its being at the present day generally received, forbid our being limited to this general criticism, and compel us to scrutinize carefully each of the forms which compose it. We shall, therefore, examine successively, from the point of view which now occupies us, the four principal forms of the classification of Pinel and Esquirol; viz., mania, monomania, melancholia, and dementia.

The cases of mental disease which are classed as general insanity resemble each other, certainly, in some of their principal features, which establish among them some points of contact; but they differ so widely in other respects that we can only recognize in this group of mental disorders a simple provisional class, and not a true form of mental disease. What are, in fact, the principal characters which serve to unite in the same class patients who differ so widely from one another? The mental disorder is general; that is to say, there can be discovered no predominant tendency of the ideas or emotions, to which can be traced, as to a common origin, the different manifestations of action or of speech. The patient is in a state of general



excitement, which manifests itself externally in the language and actions. The thoughts succeed each other with rapidity, and without connection. The patient exhibits constantly the most incongruous ideas and emotions, and the incoherence of his language corresponds with this rapid succession of thoughts, emotions and sentiments, which are abandoned as soon as conceived. The actions of these patients are disordered as their language. They strike, they cry out, they sing, they throw themselves about in all directions, break everything within their reach, strip themselves naked, roll upon the ground, and tear their clothing. In a word, all these exterior manifestations establish at first sight a difference, which appears very decided, between patients attacked by general insanity accompanied with excitement, and others in the same institution who present themselves to the observer with every appearance of rationality, and in whom close attention is necessary to discover, in its restricted bounds, the trouble of the ideas and emotions.

But if patients attacked with general insanity resemble each other and differ from those affected with partial alienation by the striking symptoms which we have just pointed out, how radically do they differ from one another, when subjected to careful and continuous observation.

We can not now enter into a detailed examination of the different classes of patients at present artificially grouped together under the name of mania, and which, in a more scientific point of view, could merit to be clearly distinguished one from another; but we may offer some general remarks, designed to point out the radical differences which separate them.

In the first place, the scientific distinction between the different varieties of acute delirium, and the general chronic mental disorder of the insane, can not, at the present day, be rigorously maintained. Some authors even assert, with an appearance of reason, that these distinctions are only arbitrary, and that the limits between acute delirium and insanity, instead of being more clearly defined, ought to be entirely effaced. Doubtless the characters generally admitted as separating acute and chronic delirium, such as the presence or ab-

sence of fever, the action of a toxical agent, or the presence of disease in some other organ than the brain in one case, and a lesion essentially idiopathic of this organ in another, and, finally, the limited duration of acute delirium, in opposition to the longer continuance of the chronic affection, are altogether insufficient for distinguishing clearly these two forms of mental disorder, which the more careful study of their mental symptoms may perhaps enable us to distinguish in a more important sense, and one more practically useful. But this is not the matter under consideration. We wish only to remark that, in the actual state of science, patients presenting most of the symptoms of acute delirium are joined together in the same class with others who are attacked with chronic insanity, and whose mental and physical condition is strikingly different.

What do we witness, in fact, in patients attacked with acute mania, as it is met in institutions? We see these patients in an almost febrile condition, with extreme emaciation, the skin hot and dry, the lips parched, and the tongue loaded,—in a word, in a physical condition which causes the utmost anxiety for the life of the patient. We observe in these patients a mental condition which much more closely resembles the delirium of acute diseases than mania properly speaking. The agitation is carried to the utmost extreme. The patient can not remain quiet a single instant. He throws himself about in all directions, and talks incessantly, in a kind of fury. He sometimes spits constantly, or his voice is altered and his mouth becomes dry in consequence of his unceasing loquacity, and yet nothing can arrest this uninterrupted flow of language, and this febrile agitation of the movements, which sometimes reaches the point of producing eschars on parts of the body which are the most prominent and most liable to come into contact with external objects.

The mental condition of patients affected with this sub-acute mania, differs as much as their physical state from that of the majority of other maniacal patients. I may sum up the characters of their delirium by saying, that they are, as it were, in a dreaming state, while other patients present more of the characters of the waking condition. They pay but little attention to what is passing around them. A thick veil

seems to separate them from the external world. It scarcely ever happens that surrounding objects are perceived by them, or that words pronounced in their presence reach as far as their intellect, after having passed the organ of hearing. In this sub-acute mania, the delirium is all internal; it is fed almost entirely by recollections, or ideas which rise spontaneously in the mind, and not by impressions coming from without. This delirium is besides more vague, unconnected and incoherent than that of other patients. In hearing the disconnected sentences incessantly articulated by these patients, it is seldom that any meaning can be attached to them, or that the prevailing tendency of the ideas or the nature of the thoughts that agitate them, can be discovered. Some of them in this condition limit themselves to repeating, with an obstinacy that nothing can overcome, the same portion of a sentence, or the same word, during entire days, in an entirely mechanical way, and without an instant of repose. Who does not perceive that this description, applicable to a certain portion of cases of acute mania which we are daily called upon to witness, differs widely from that of the majority of other patients affected with general insanity accompanied with excitement. Independent of the physical condition, so entirely different, what do we in reality observe when we approach, either in the court-yard of an asylum for the insane, or in his cell, an ordinary maniacal patient in a condition of high excitement? He runs to us as soon as he discovers our approach; he either calls us to his assistance or overwhelms us with reproaches; he addresses to us with extreme volubility, and sometimes with anger, his complaints or his abuse; and he frequently throws into the midst of his raving ideas or explanations which are furnished by different circumstances which are passing around him, by the things which he sees, hears or perceives at the very moment. In a word, his delirium, however incoherent, is kept up as much, or even more, by actual external sensations as by the spontaneous occurrence of ideas and emotions. The patient, instead of raving inwardly and having broken off all connection with the external world, as in sleep or in acute delirium, is in a condition analogous to the waking state. He

raves on the subjects which are passing in his mind with astonishing rapidity, and upon the impressions which reach him at every instant from the external world.

The physical and moral differences existing between these two classes of patients, which according to the present system are notwithstanding united in the same class, appear to us to be radical ones, even in a purely symptomatic point of view. Between these two conditions there is more than a mere difference in degree. What shall we say, if it is discovered that these essential differences in the symptoms correspond to variations no less important in respect to the progress of the disease ; if, for example, it is proved by observation that the patients presenting the physical and mental symptoms of the acute form either recover or die in a very short time, while those who present from the commencement of the attack the characters of the waking condition are necessarily cases of longer duration, and if they are restored can only reach that termination after six months or a year ? How important, then, for the diagnosis and prognosis, and even perhaps for the treatment, is this distinction between two conditions heretofore confounded under the same denomination !

Another condition, equally confounded at the present time with mania strictly speaking, is that which is designated as maniacal exaltation or excitement. This state is characterized by increased activity of all the faculties, without true incoherence. Patients attacked with it present a rapid succession, a veritable exuberance of ideas. They talk incessantly, with an indescribable loquacity and volubility, but the sentences they utter are perfectly connected and clear in their meaning, resembling in no respect the broken and incomplete expressions of other maniacal patients. These patients are gifted with such activity of intellect, with such readiness of wit, and are so fertile in intellectual expedients, that those who have known them previously to their attacks would no longer recognize them, and they themselves, being partly conscious of their condition, have declared that they were endowed during the existence of their disease with faculties they never possessed before. They compose verses and pieces of poetry, and are possessed of a facility of utterance and

of memory much greater than in their normal condition. It is in these cases that may be said with truth, what has been exaggerated in other forms of insanity, that the disease often developed faculties which did not exist previously to its attack, and thus imparted to the patients more intellect than they possessed during its intervals. To this excessive activity of ideas is added a sensation of exuberant health and happiness, a tendency to irritability and anger, to disorderly impulses and acts of violence, and a constant desire to be in motion, producing no sense of fatigue either day or night—a condition which renders them extremely difficult to live with—the most unmanageable and insupportable of all the insane, whether in their families in society or within the walls of an asylum. How can these patients, whose condition consists merely in a high grade of mental excitement without delusions, whose intellectual activity is even greater than in health, be compared with those whose ideas are no longer rational or connected, and who present such extensive mental disorder that they are the very types of chaos and confusion.

The difference between these two states is the more important to note, inasmuch as these two varieties of mania appear to supervene under conditions of progress and duration entirely different. The state which we have described under the name of maniacal excitement, is most frequently met with under the intermittent form, and sometimes alternates with melancholic depression as a phase of circular or double-formed insanity. It is thus that a fundamental difference, based upon the symptoms of the two conditions, corresponds to a difference equally essential as respects their progress, which still more enhances the importance of this distinction.

There is another class of the insane, now considered as maniacal, and who are strikingly different as to their interior mental condition from those conventionally regarded as types of ordinary mania. These patients present the same outward manifestations as ordinary maniacs. They are agitated in their movements, and violent in their actions; they speak loudly, they cry out and give themselves up to the most disorderly acts, which make it necessary to classify them in institutions with the most troublesome patients. But if we look be-



yond these external manifestations, and observe carefully the meaning of the language they utter, and the ideas and emotions which govern them, we shall soon discover that these so-called maniacal patients are in reality under the influence of a series of predominant ideas, which run in a very narrow circle. They are more properly considered as affected with partial insanity in a paroxysmal state than with mania strictly speaking, presenting that rapid and irregular succession of broken and incomplete trains of thought, which is in reality still more than the violence of the movements the essential character of the maniacal condition. We observe among these patients, on a careful examination, that the predominant ideas, frequently of a distressing character, are masked by a state of excitement resembling true mania, just as in other circumstances we observe in the midst of a condition of agitation and excitement insane and contradictory ideas of wealth and grandeur, which are the essential characters of general paralysis, and not of simple uncomplicated mania. These are conditions which at first sight present the external characters of mania, but which are really only instances of partial insanity accompanied with fixed delusions, and with paroxysms of excitement which give them the appearance of general insanity.

To these mixed forms, so commonly met with, we must add those conditions precisely the reverse, in which we observe general disorder of the intellect and extreme confusion of ideas in connection with a quiet deportment and an outward appearance of rationality, which seem incompatible with general insanity. These conditions, which under certain aspects partake of the characters of mania, and in others resemble partial insanity, establish such numerous analogies between these two forms, supposed in the existing classification to be so entirely distinct, that in many cases every distinguishing feature between general and partial insanity becomes effaced. We are then obliged to make use of those hybrid and contradictory expressions, such as *melancholic mania* and *maniacal melancholy*, to which certain writers resort for the purpose of denominating those mixed states so frequently met with in practice—expressions which, if they were generally adopted, would be the most striking condemnation of the classification in vogue.



What will be said now, if to the numerous analogies which these intermediate cases establish between general and partial insanity we add, that these two pretended forms of mental disease not only greatly resemble each other in respect of their symptoms, but that they may also alternate in the same patient, or be transformed into each other, as is observed in the form of insanity which has been described under the names of *circular* and *double-formed* insanity? We behold here two forms of mental disease, supposed to be essentially distinct, presenting various combinations with each other (partaking of the characters of each other to such an extent that it is impossible to say to which form the case properly belongs) but which fulfill so few of the conditions demanded for a natural form of disease that they have no definite progress which can be foretold, and alternate with, replace and succeed each other during the whole course of the disease!

I will next inquire whether cases ranged in the category of partial insanity are more nearly related to each other than those which are considered as belonging to general insanity. In the first place, what meaning do we attach to the word partial, as distinguished from general, insanity? The two characters which serve to define these two forms of disease, are, on the one hand, quietness of manner and an appearance of rationality opposed to the violent agitation of mania, and, on the other, the limitation of the mental disorder to a narrow circle of the intellect and emotions, opposed to the much more extensive disorder of all the faculties which is observed in mania. But here is immediately presented the question so frequently asked and so variously answered. Does there not exist in all partial insanity, besides the erroneous conceptions and the diseased emotions, which are readily discovered by all at first sight in the majority of patients attacked with partial insanity, a condition of general disorder, which constitutes a groundwork of disease upon which are developed the delusions which alone attract attention?

This question may appear to be answered by those who admit the existence of monomania, in the strict sense of the word. It is so

especially among those who, without pronouncing an opinion as to the frequency of true monomania, nevertheless admit in partial insanity the separate lesion of certain faculties, such as of the will, the attention, or the memory. According to these authors, the mental disorder in partial insanity takes place in obedience to the rules of logic. A false idea having once taken possession of the mind of the patient, they suppose that he deduces from it all the ulterior consequences of his insanity, which can thus be referred to and grouped around a single idea, as about a common centre. This is not the place to discuss the important question of the mode of production of delusions, which, according to one belief, spring up by degrees in an unhealthy soil, which consequently was prepared beforehand, and, according to the other, are produced by the way of logical deduction, and are derived from a single false idea, or from the lesion of a single intellectual faculty, or from a single morbid emotion. But without setting out on this uncertain inquiry pertaining to pathological physiology, it will suffice to remain on the firm ground of clinical observation to prove that there does exist a condition of general disorder in all partial insanity, whether monomania or melancholia, limited though it may be in appearance to a series of ideas, or to the lesion of a single faculty or emotion.

I do not wish, in this demonstration, to support myself solely on my own personal observation, which might be contested and suspected of partiality. I shall be satisfied to appeal to all who are willing to observe attentively patients attacked with partial insanity. It is not sufficient to observe them at a given period of their disease, whether of remission or exacerbation, when the groundwork of disease is often concealed by the more prominent symptoms, but in different periods of their disorder. I am convinced that in thus proceeding we shall readily discover a state of general confusion of ideas, or of extensive mental disorder, which the patient himself often describes with great exactness, and which becomes manifest to all in certain paroxysms, which occur from time to time even in cases apparently the most restricted in their range of symptoms. It only remains for me now to mention the different attempts at classifica-

tion which have been made within the last few years, to find a convincing proof of the position which I wish to establish.

The greater number of these attempts, although made with different objects, and having frequently conducted their authors to different results, have nevertheless one point of resemblance. They have contributed, after all, to the same end, that is, to undermine the structure of the existing classification, and to efface more and more the limits artificially established between partial and general insanity. On one side, my father, while respecting the fundamental distinction laid down by Pinel and Esquirol between partial and general alienation of mind, in all his labors has directed his own attention and that of other observers to the existence of general mental disorder more or less manifest in all cases of partial insanity, even the most limited in its extent.

On the other side, Dr. Morel, in his "Clinical Studies on Mental Diseases," published in 1852 and 1853, before completely abandoning the usual classification, as he has done in his late "Treatise on Mental Diseases," had already begun to attack the foundation of this classification, in exaggerating the principle laid down by my father.

He did not confine himself merely to asserting the presence of general disorder of the intellect and emotions in all partial insanity. He went further than this. He overleaped the arbitrary limits which had been set up between the two classes of insanity, and boldly included monomania in the same class with mania, giving it the title of systematic mania (*manie systématisée*). This positive denial of all distinction between partial and general insanity was evidently a forced reaction against the prevalent opinion, since classification continued to be based upon the same principle of the extent of the derangement; but this exaggeration, even while it could not be generally adopted, proves at least the truth of our assertion relative to the existence of general disorder of the intellect in all partial insanity. It had the effect, by its very excess, of rendering obvious the radical defect of the principle which served as a basis to this classification. While my father and Dr. Morel were thus similarly occupied in sapping the foundations of the classification of Pinel and Esquirol, other

authors in this country (not to speak of those abroad, which would occupy too much of our time) arrived at the same result, though by very different methods. On the one side, Dr. Baillarger, setting out also with this doctrine, that there exists a condition of general disorder in many cases of partial insanity, separated into two distinct classes the cases included by Esquirol under the general term of *lypémania*. He removed one of these into the class of general insanity, retaining for it the name of *melancholia*, while he allowed the other to remain in that of partial insanity, under the name of *monomania tristis* (*monomanié triste*), intended to distinguish it from other varieties of *monomania*.

While Dr. Baillarger was thus employed, Dr. Delasiauve, while announcing his intention of confirming instead of destroying the classification of Pinel and Esquirol, arrived at the same results that had been reached by Dr. Baillarger. In creating, under the name of *pseudo-monomania*, a genus intermediate between general and partial insanity (a genus based upon the principle of the existence of general disorder in cases where the insanity appears to be limited to a narrow circle of ideas), Dr. Delasiauve has shown his intention to place this new genus in the class of partial insanity, by retaining for it the denomination of *false monomania*. He thought to dig deeper the abyss, which, according to his belief, separates *mania* and *melancholia*. In my opinion, on the contrary, he has aided in filling it up, by establishing a genus which partakes at the same time of the characters of both.

The efforts made, in the last few years, to perfect the classification of Pinel and Esquirol, while respecting and even seeking to strengthen its principle, appear to us, therefore, to have effected an object entirely the reverse. They have all led to the same result, which is the more important to notice as different authors have reached it at the same time, and by different methods. They have shaken, even to its foundations, the very principle upon which this classification is based, which now is only left at all because no other has been proposed which can profitably take its place.

We can not now dwell longer on the numerous analogies which

exist between general and partial insanity ; analogies which in practice often render impracticable every distinction between these two forms of mental disorder. These analogies are so strong, in fact, that the same case may be classified by different observers, or at different periods of its progress, in either of the two categories.

Let us next endeavor to prove, that the most dissimilar cases, which can not under any pretext be included in the same class, are grouped together either under the name of melancholia or under that of monomania.

Melancholia, that is to say, partial insanity accompanied with anxiety and depression, at first view appears to be a sufficiently natural form of mental disorder. Immobility, inaction, and mental and physical torpor, are employed to depict the subject of melancholy absorbed in the contemplation of his own painful thoughts ; and the greater number of cases of partial insanity accompanied with depression are supposed to be embraced in this general picture. It is, in fact, a type better characterized than many others. But how far is it, nevertheless, from answering the true demands of science ? In examining carefully the different categories of the insane comprehended under the generic title of melancholia, it is easy to discover the radical differences which exist among them, and which imperatively demand a radical distinction upon the ground of natural classification. Without entering into a detailed account of the different varieties of melancholia, we may briefly point out some of the principal divisions which may be established at present in the midst of this group, which is much too extensive to comprise cases of only a single kind.

There are patients affected with melancholia, who really represent the most marked type of this form of insanity. Plunged into a veritable torpor of the physical and intellectual faculties, they pass entire days in the most absolute mutism and immobility ; the head bent forward, the eyes fixed and vacant, the countenance gloomy and morose, the skin dry, the circulation enfeebled, and the extremities cold and livid ; often, at a more advanced period in the progress of the disease, the saliva runs from the mouth, and the stools escape



involuntarily. Patients in this condition of immobility, and retardation of all the physical functions, manifest mentally extreme dullness of comprehension, almost complete absence of mental activity, and a general indifference, which may amount to torpor or to the different degrees of stupor. In patients of this description, who are more absorbed in their own thoughts than attentive to what is passing around, the mental operations are so slow, and outward impressions reach the sensorium with such difficulty, that this melancholy accompanied with stupor (acute dementia) has been confounded, not without some show of reason, with true dementia or idiocy. In fact, it is possible to point out between these two states only one distinguishing feature, which is rather based upon the declaration of the patients themselves after convalescence is established, than upon direct observation of the symptoms. It is said that these patients, overwhelmed by a condition of stupor approaching to dementia, have really been suffering under the most painful delusions, or terrifying hallucinations, which have rendered them powerless, and petrified, as it were, all their faculties, and that the course of their ideas, although extremely retarded, has not been actually suspended. Whether, however, it be decided that dementia and melancholy accompanied by stupor at its highest point of intensity, are the same or different conditions, what we wish to point out is, the radical difference between these different varieties of melancholy accompanied with physical and mental torpor, which may even amount to stupidity, and other varieties of melancholy with predominance of ideas of ruin, persecution, criminality, fear or suspicion, which many writers, and latterly Dr. Baillarger, have thought proper to separate from the preceding category (general melancholy), applying to them the appellation of *monomania tristis*.

What do we witness, in fact, in these numerous cases of partial insanity with predominance of painful delusions? We witness patients gifted with great intellectual and physical activity, manifesting frequent violence both in their language and conduct, complaining of everything and everybody, becoming the self-convicted and eager advocates of their own insanity, impelled by an insuperable necessity

to communicate all its details to those about them, spending themselves in reproaches, curses and threats, and who, if left at liberty, wander from place to place, persecute to extremities those whom they accuse of being the cause of their imaginary troubles, and give themselves up often to acts of violence which require great resources of intellect for their preparation, and great energy of will for their accomplishment.

How can any classification worthy of the name receive under the same title patients of this description, and those other melancholians in a state of physical and mental depression amounting even to stupor, of which we just now drew an imperfect picture. But beside these two distinct classes of cases, heretofore confounded together under the name of melancholia, there exists, in my opinion, a third, in many respects equally distinct, for which I propose the name of "anxious melancholy." These patients do not present the same extent of mental and physical inaction as those affected with the depressive form of the disease, neither do they manifest the well-marked and systematized delusions of melancholians of the second class. They are in an extremely painful condition of vague and causeless anxiety, they experience a feeling of general distress more powerful than the will; which has taken possession of them in spite of themselves, of which they are perfectly conscious, but which they are unable to overcome. It is a vague and indefinable misery which weighs upon their intellect and affections, which pictures to them the outward world under the most gloomy colors, and their own condition under an aspect more gloomy still. They will never recover, they say; they are lost forever. They are the most miserable of mortals; no one can conceive the extent of their sufferings. They manifest the greatest disgust of life, and an entire indifference towards those whom they formerly loved. They are unfit to live, and unworthy of the care and attention bestowed on them. They are monsters and criminals undeserving of the slightest favor, and yet they can not refrain from tormenting those about them with the recital of their imaginary troubles. These patients, who are affected with a vague feeling of unhappiness, which in most cases might be considered as

a simple mental hypochondria, rarely attended with well-defined delusions of ruin, crime or eternal perdition, or with hallucinations of the senses, almost always manifest a constant desire to be in motion, which impels them to walk incessantly, by night as well as by day, and that without the slightest sensation of fatigue. It may be remarked in passing, that patients afflicted with this variety of melancholia often suffer from general tremors, which come on in paroxysms, and also from precordial distress and sensations of emptiness and constriction in the head—physical symptoms which are more common in this form of melancholia than in any other.

We ought to add that to these differences in the symptoms of the three varieties of melancholia which we have described, are united corresponding variations in the progress of the disease; that the first is almost always continued, and without sensible remissions; that the second is essentially remittent; the third, on the contrary, is for the most part intermittent, and is reproduced under the form of paroxysms, which generally recur after very long intervals.

We cannot dwell longer at present upon the description of these varieties of melancholy, which deserve to be made the subject of special study. We have had but one object in specifying briefly their principal differences, which is to show how widely the condition of patients affected with melancholia may differ, notwithstanding the apparent analogies which they present.

Patients affected with insanity of the expansive form, or the monomania of authors, present much more striking differences among themselves than those which belong to melancholia. In the first place, the principal character which serves to distinguish them, that is to say, the gaiety or expansiveness of their ideas, is far from belonging equally to all the patients composing this category. This character of contentment, and of mental and physical activity, has been established rather by contrast with the sadness and depression of melancholia than in consequence of the direct observation of this condition in patients attacked with monomania. The best that can be done in respect to these cases, is to characterize them negatively or by exclusion, and to say that the mental disturbance, being limited

to a narrow circle, distinguishes them from cases of mania, and the activity of the physical and mental functions separates them from melancholia. But how insufficient, in many cases, are such vague distinctions to separate these pretended monomaniacs, either from those cases of melancholia accompanied with increased intellectual activity, of which I have just spoken, or from those of mania with prominent delusions, of which I spoke previously. Shall insanity of persecution, for example, so frequently met with, be classed as melancholia or as monomania, and is not the so-called monomania—which, in many cases, characterizes the first stage of general paralysis with the multiplicity of contradictory delusions, announcing incoherence and mental impairment—much more nearly allied to the maniacal condition than to monomania, in the proper acceptance of the term? We can not here enter into the details which an examination of the different varieties of expansive insanity would require; varieties which at present are classed together under the indefinite term monomania. It would be necessary, in order to do this, to review all the sub-divisions which have been made in this form of insanity, based either upon the separate faculties supposed to be affected (intellectual, affective, instinctive monomania), or upon the predominant ideas (ambitious, erotic, religious monomania), or upon the acts (homicidal and suicidal mania, kleptomania, pyromania). It would be easy to show that these forms of monomania, artificially united in one class in consequence of a single character, are strikingly different from one another in all their other respects, and are thus arbitrarily brought together in spite of their numerous dissimilarities, which would, if we possessed a truly natural method of classification of mental diseases, be separated into forms entirely distinct.

What shall we say, now, of the lowest form of insanity admitted in the existing classification of mental diseases; that is to say, of dementia? What precise meaning can be attached to the word, in the present state of our knowledge? Each physician gives it a meaning more or less extended, according to his habits of thinking, or according to the exigences of the moment; but nothing is more

undecided than the arbitrary limits of this pretended form of mental disease, which, in reality, is only a general receptacle for all cases which can not be included in any of the other classes.

The only common feature which seems to unite artificially these cases so dissimilar, is impairment of the intellectual faculties ; but how different is this impairment among patients affected with partial insanity in its chronic stages (who are conventionally designated in asylums under the generic name of dementia, although they often present considerable intellectual activity), and among those numerous patients with different cerebral diseases, who manifest such radical impairment of the intellect and of the emotions, and such incoherence of language in expressing the few ideas which they still retain that it is scarcely possible to discover an intelligible meaning, in the midst of the ruin of all the faculties. When science shall have become advanced, and when the progress and natural termination of the different species of mental disease shall have been more carefully studied ; when it shall have been verified by repeated observations how widely these terminations differ one from another in their most essential symptoms ; when we shall be convinced that, if there are a number of insane who gradually lose their mental activity in proportion as their disease becomes chronic, and who finally reach a condition of decided intellectual impairment, there are many others, on the other hand, especially among patients affected with partial insanity, who live for many years in an almost stationary condition, which when once stereotyped, as it were, undergoes but very slight and very gradual modifications, and rarely reaches to actual dementia ;—when, I say, we have made this careful examination of the chronic periods of mental disorder in connection with their anterior stages, it will appear unaccountable how such different mental conditions should have been confounded under the same denomination, as was done by Esquirol. It will be inconceivable how the name of dementia should have been applied, on the one hand, to the mental condition in which the greater number of cases of partial insanity terminates, and, on the other, to the almost entire abolition of intelligence which exists in cerebral affections other



than insanity, and, finally, to the intellectual impairment which is observed in the different phases of general paralysis.

Having pointed out the defects which, in my opinion, characterize the existing classification of mental diseases, which brings together in the same classes very different conditions, and which takes no account of the progress of these affections, and is not based on any foreseen evolution of the disease, which is the true basis of a natural classification, it may be asked if we have any new system to substitute for it; if, after having torn down, we are also able to rebuild. We have not the presumption to add a new nomenclature to the list, already so long, which have been proposed by so many authors, in ancient and modern times, in France as well as in other countries. But we have thought that it would not be an unprofitable task to point out the imperfections of existing methods, and to seek for the path on which we ought to enter for discovering the most natural forms. We are too sensible of the immense difficulties which such a work presents, to be willing to set about it. Besides, this is not the work of one man or of a generation. It demands for its successful accomplishment the labor of many generations before any one man can attempt to unite into a harmonious whole all the scattered elements.

Dr. Morel, in his recent "*Treatise on Mental Diseases*," has, nevertheless, attempted this difficult task. Whatever opinion we may entertain respecting the result of his labors, he ought to be congratulated on having entered upon them with such earnestness. He deserves, to be rewarded not only for having shown that mania, melancholia, monomania, stupidity and dementia are only phases and not true forms of mental disease, but for having opened new fields of research beyond the limits of our preconceived ideas, within which science would be in danger of imprisonment if no attempt were made to enlarge her boundaries. He has laid down a general principle, which appears to us to promise good results; that is, that we must search for special symptoms in connection with special causes of mental disease. This is the etiological method, which perhaps might more properly be called the pathogenic, because its object

is rather to go back to the first origin of mental diseases, to follow their evolutions, their transformations and their terminations, than to refer them to their accidental causes, as the name of etiological method might lead one to suppose.

We can not, as Drs. Morel and Buehez have done, lay down a fixed principle that pathogenesis or etiology is, *a priori*, the best basis for the classification of mental diseases, according to the idea that the cause is of itself the most important element to be considered in the history of disease, that which ought to govern all the rest, and to which they must necessarily be subordinate.

We think that in the natural method there is no fixed and absolute subordination of character; that, as in ordinary pathology, sometimes the lesion, sometimes the cause, and sometimes the symptoms, deserve the first consideration, according to circumstances; that observation, alone, of different groups of cases can ascertain this subordination of characters, variable as it is in different cases, and not to be established at first sight, and in a uniform manner applicable to all. Nevertheless, we believe that in a number of cases the element cause ought to be assigned a principal part, and that it has been far too much neglected in our specialty; we, therefore, must thank Dr. Morel for having restored to it, even in excess, an importance which it had lost.

We cannot now examine in detail each of the classes established by Dr. Morel; besides, this is not the end we have in view. We limit ourselves to a few remarks on each of his divisions.

In commencing with the last, we will remark, that to admit dementia as a distinct form, when the object is to establish forms based upon the progress of the disease, including as a consequence the history of these forms from their inception to their termination, appears to us to be a contradiction of the principle which was at first laid down. Consequently, Dr. Morel on reaching this chapter has devoted only two pages to the description of dementia.

In relation to the class of idiopathic insanity, it may be said, as has been remarked by Dr. Delasiauve, that the term may have different significations; that Dr. Morel appears to designate by it a form

of mental disease having its location in the brain, and presenting appreciable structural lesions, as distinguished from sympathetic insanity. In this case we reproach Dr. Morel, either with including only general paralysis in this category, and then with not clearly constituting it a distinct form, or with having in view, under the vague title of idiopathic insanity, all the varieties of encephalic, structural disease observed in asylums, as Dr. Calmeil has done in his recent remarkable work, and then not carefully distinguishing general paralysis, as a special form, from all other cerebral affections, with which it ought never, under any pretext, to be confounded.

In regard to the class of sympathetic insanity, the German somatic school, and especially the celebrated Jacobi, have attempted to extend it so as to make it embrace almost every form of mental disease which in their estimation is only a symptomatic disorder, dependent upon the lesion of other organs than the brain. On the other hand, most French authors have regarded it as possessing no scientific reality, and have even denied its existence entirely. Dr. Morel, holding a middle course between these two extremes, has made it a distinct class, whatever may be the diseased organ giving rise to it. This appears to us to be a fatal error, calculated to confound together in one class conditions essentially distinct. Moreover, it would have been better to have proved not only the frequent occurrence of such cases before constituting them a separate class, but their existence, even, which, in the discussion elicited by the interesting thesis of one colleague, Dr. Loiseau, the Medico-Psychological Society could not establish with entire unanimity.

As to the forms belonging to the third class of Dr. Morel, and based upon an antecedent neurosis, either epilepsy, hysteria, or hypochondriasis, of which the mental disease is only another form, we are much more disposed to adopt the principle laid down by Dr. Morel. We believe that he has rendered a valuable service to psychological medicine, in attaching more importance than has previously been done to the connection which exists in many cases between certain forms of mental disease, and the neuroses which were their original source, and true point of departure.

We think that Dr. Morel has made an actual step in advance, in studying carefully the gradual or sudden transformation of these three neuroses into three distinct forms of mental disease, whose special characters recall and point out the antecedent existence of these three diseases, of which they are only a later period or a different manifestation. But if we admit, without reservation, the principle laid down by Dr. Morel, in regard to epileptic insanity, for example, which appears to us to possess characters of its own, which we have ourselves attempted to describe, we ought to make some reservation in the case of hysteric or hypochondriacal insanity, which appear to us to be equally worthy of special description, which Dr. Morel seems to have extended, however, to a number of cases much too great for it to apply truthfully to all of them. His chapter on hysterical insanity, which contains a great number of features entirely characteristic, whose exact resemblance future observation will doubtless confirm, has the serious disadvantage of including at the same time many other symptoms which do not properly belong to this form, and which render his description of hysterical insanity rather a picture of the disease as it affects women generally, than of a really distinct species of mental disease.

We may say as much of hypochondriacal insanity, as understood and described by Dr. Morel. His description truly bears a special stamp, answering to the hypochondriacal neurosis, but it applies also, in many cases, to melancholia generally, and especially to the insanity of persecution, rather than to a particular species of mental disease connected with hypochondriasis.

As for the class of "insanity produced by toxical agents," we have no exception to make. We believe, with Dr. Morel, that, instead of confounding under the vague titles of mania, melancholia with or without stupor, and dementia, all those cases of insanity produced by various toxical agents, such as alcohol, opium, haschish, &c., it would be a great gain for science, and a decided practical advantage, to endeavor, by a truly scientific examination, to find out, in each of these cases, special mental and physical phenomena, coincident with the special cause producing them, which would lead its existence to

be suspected, even without any knowledge of the facts. We believe that in such a research there is a source of real advancement for our specialty. It is in these cases, particularly, that the etiological principle might be adopted by all, as a true basis of classification.

We have reached, at length, that greatest and most disputed class, established by Dr. Morel under the name of hereditary insanity. Everybody is surprised that it has been thought possible to erect on so large a basis, upon which, indeed, all classes of insanity are to some extent founded, a special form of mental disease, distinct from all others. No one can understand how it has been thought possible to bring together under this generic title, conditions so different as those which have been thus united by Dr. Morel; they comprise, in fact, all the known varieties of madness, from moral insanity, which represents the lowest grade of disturbance of the mental faculties and a condition nearest the normal, even to imbecility and idiocy, which are the most remote from the healthy condition of the faculties. We think that the class created by Dr. Morel comprises conditions too widely different to be included in the same category, and that these conditions ought to be divided into many species entirely distinct, which Dr. Morel has already foreshadowed in his work. We believe, also, that in acting upon the principle laid down by Dr. Morel, we may include in this class of hereditary insanity a great number of cases placed by him in other classes or exclude them from it at pleasure, without violence to the principle which serves as the basis of his classification.

But while making these important exceptions, and admitting, with the greater number of those who have read his work, that he has rather added a new chapter to the history of the heritage of insanity than created a really distinct form of mental disease resting upon this etiological basis, we think, nevertheless, that, by the formation of this new class, which, in our opinion, is only provisional, he has rendered a valuable service to the pathology of mental diseases. The intimate and remarkable connection pointed out by Dr. Morel between the different forms of impulsive insanity, and different degrees of imbecility and idiocy,—a connection which was previously scarce-



ly suspected, and which, after his labors, can hardly be denied—is, in our view, a real advancement in our specialty.

In our opinion, when this coincidence of mania without delusions, or of moral insanity with different degrees of imbecility, is observed in a single patient, or in several individuals of the same family, we may with certainty infer the existence of hereditary influence accumulated in that family. Had Dr. Morel obtained only this result in creating the class of hereditary insanity as he has constituted it, he would have opened a path in which future explorers may expect to make important discoveries.

The classification proposed by Dr. Morel, though preferable, in our view, in many respects to the one in vogue, because it rests upon an assemblage of symptoms peculiar to certain forms, and dependent upon special causes, and upon a definite progress and natural evolution of the disease, does not answer to the idea which we have formed of a natural classification of mental diseases. It may be objected that we place our ideal too high, and in a region almost inaccessible. We may be reproached with resting satisfied with uncertainty, and not pointing out clearly by actual cases what we mean by the creation of forms of insanity which shall be truly natural. Time is wanting for entering into the details which such a demonstration would render necessary. Happily, we have already in mental pathology one of these natural forms, which was not in existence thirty years ago, the reality of which is still disputed by many eminent writers, but whose claims to recognition as a distinct and well marked species are daily becoming more apparent; we mean general paralysis of the insane, or paralytic insanity. The labors of Bayle, Calmeil, and Parchappe, and of many others who have described this affection during the last forty years, have proved the reality of this special form of mental disease. It comprises, at the same time, the four conditions of mania, monomania, melancholia, and dementia, which constitute so many distinct types, but it includes each of them with special characters, which belong to it exclusively. It does not rest, like provisional forms, upon a few characters only, but upon a group of connected characters, which may be traced, as Dr. Parchappe has

truly remarked, in the special causes, in the lesions, in the physical and mental phenomena, and in the peculiar progress of the disease. Behold a form of insanity truly natural, one which may be considered as definitely established, and, better than all the generalities which we have uttered, it expresses what we could wish to say, and may serve as a specimen and model for the discovery, amid the infinite variety of mental disorders, of other types equally natural, based like it upon an assemblage of physical and mental symptoms mutually dependent on, and succeeding each other in regular order.

Doubtless it includes varieties, as regards symptoms and progress, which are worthy of a separate description, as botanists have described varieties in the best-defined vegetable species. But in spite of these secondary differences, all these varieties possess sufficient characters in common to be considered as belonging to the same morbid species.

I need not now speak of the similar and distinguishing characters, nor proceed to prove the separate existence of this form of insanity. I have already attempted this, in the discussions which have taken place on the subject in the Medico-Psychological Society. I will only add, that I believe it possible, even now, to discover among the insane other natural forms, which, without presenting so many claims to recognition as the paralytic form, deserve nevertheless to be recognized as distinct species, more natural than those actually admitted under the names of mania, monomania, melancholia and dementia. I would mention, in the first place, the mental disorder described by my father under the name of circular insanity, and by Dr. Baillarger under that of double-formed insanity. It consists in a regular alternation of a condition of melancholic depression with a state of maniacal excitement. It rests, consequently, not only upon the entire group of symptoms consisting of these two alternating conditions, but upon the peculiar, and in some measure fatal, progress of the affection; for these two states succeed each other indefinitely, almost without interruption during the whole life of the patient.

Next to the circular form, I would mention epileptic insanity,

which also appears to present mental characters altogether peculiar, which I have attempted to describe in an article which has appeared in the *Archives de Médecine*.

I would also add insanity produced by alcohol, in its acute form, described by authors under the name of *delirium tremens*, and also the chronic form of the disease (chronic alcoholism of Magnus Huss), which we think equally deserving of a special description, which has indeed been attempted by various authors, and particularly Dr. Delasiauve, but which might be rendered still more accurate by a careful study with reference to the specialty of this form. I might add to this enumeration other categories of mental disease which ought to be described separately, and which would, in my opinion, constitute species more natural than those we now have ; among which I might name the insanity of persecution (*délire de persécution*), described separately with its periods, its progress and its termination ; but we can not pause at these particular descriptions, which would occupy too much time, and hasten to the speedy conclusion to which we would bring this article, already too long.

In entering on the examination of the principles which must serve as the basis for a natural classification of mental disease, in pointing out the numerous defects of that which is generally received, in indicating briefly some of the most securely established forms which begin to be foreshadowed in the future, I have not intended to perform merely the task of a critic, in seeking to overthrow without substituting something better. I have thought that I might be performing a useful service in contributing my feeble efforts to remove from the field of observation the obstacles which an accepted nomenclature always presents to new researches, and which, by giving the appearance of a definite arrangement of facts, often prevents their true analogies and fundamental differences from being discovered. I have also thought, that it might be useful to revise the principles upon which natural classifications must be based, either in our specialty or in other branches of natural science.

I shall have accomplished my object if I have succeeded in showing that, instead of resting satisfied with existing systems, and of

considering them as capable of improvement, we ought to look elsewhere for entirely new methods of classification. In regarding the insane from new points of view, we ought to look for the discovery of new analogies, which would admit of their being divided into natural groups, based upon an assemblage of physical and mental symptoms, and upon a definite progress, instead of classing them under the names of mania, monomania, melancholia and dementia, which only represent provisional forms, and not true natural species of mental disease.

---

ABSTRACT OF A REPORT MADE BY DR. J. PARIGOT  
AND DR. G. T. FISHER, OF SING SING, ON MEDICAL  
TESTIMONY IN THE MATTER OF PROOF OF THE LAST  
WILL AND TESTAMENT OF A GENTLEMAN WHO DIED  
INSANE FROM EXTERNAL INJURY TO THE HEAD.

Our report is divided into two parts. The first contains the analysis of the facts as presented by the medical gentleman who made his deposition before the surrogate, being affirmed for executor. Every fact mentioned in it bears the number of folio of the evidence to which it refers (they are left out here as unnecessary). Then follow our observations thereupon. The second part of the report is a *synthesis* of all these separate data, in the order and manner in which they must, according to our opinion, have taken place. This second part, which may be called the *discussion*, is especially intended to establish the ground of our conclusions. The evidence of the medical witness, who was the physician of decedent, containing a great number of erroneous assertions on psychiatry, we thought it unnecessary to combat them when they bore only on theoretical points not directly connected with the case.

ANALYSIS AND HISTORY OF THE CASE.

It appears that Mr. X. was born of neuropathic parents. His father died quite suddenly, being paralysed the first or second day of

his illness ; his mother was aged and feeble, and for a long time declining before her death. They had but one son, the decedent. According to the testimony of Dr. —, Mr. X. was a dull, quiet man, generally despondent, but not nervous. He had been married but a few years before the death of his parents, which took place a little previous to his own demise. Mr. X. had no children. It appears that he was unable to acquire any profession ; he helped his father on the farm, but could not go out in the fields, on account of the heat and rays of the sun, which he could not bear on his head. The reason of this was, that when a boy about 17, he had a fall backward on his head from the height of a wagon, which broke his skull, and he had been sent to a lunatic asylum, where he remained about two years. Subsequently his father left the town of — for the country, where he bought a farm, which he occupied during sixteen years.

Unhappily for the object of this paper, which is the truth about the mental state of Mr. X., during these sixteen years we do not find mentioned any records (if they exist) concerning the asylum, in which, certainly, the mental and physical state of Mr. X. ought to be recorded at two periods, the admission and departure of patient. It is clear that if such documents, authenticated by the medical officers of the asylum, were public, the business of judges and that of experts would be much easier ; nevertheless, in this case, we found superabundant facts to enable us to form our opinion. At all events, the mental state of Mr. X. was known to be very weak ; he was subject to remitting fits and congestions of blood to the head, and it appears that they were more frequent and severe toward the end of his life.

Dr. —, the medical adviser of Mr. X., affirms that there was no connexion between the fall on the head, causing the fracture of the skull, and the insanity and the subsequent confinement in an asylum, though he never considered Mr. X., of a *very strong mind*. With this view of the case, he describes the symptoms of his patient as follows : “ Between the 27th of April and the 4th of May, 1860, decedent had an attack of congestion of the brain, and I was called



for the first time to see him. Patient was lying in bed, in a profound sleep, from which it was very difficult to arouse him. Being at last aroused, Mr. X. made complaints of a violent pain in the head ; his face was flushed, the temporal artery was *beating*, the pulse *full, strong, quick, and rapid* ; but next day he improved, and the third day was quite better."

Although Mr. X. resided so long in the locality in which Dr. ——— practises, it was only on the 29th of April, two days after having been called, that he noticed some peculiarities of the mind of his patient. On the second day of May, Mr. X. was found by him *despondent* ; " but," adds the witness, " his physical indications were more like a pleasant delirium than anything else. He would start suddenly out of his chair and walk round the room, say something, and then laugh to himself, and make funny remarks ; but there was nothing wild about his eyes. He talked more fluently and volubly than common, generally he was a small talker, was hardly dull and heavy, but rather softly (silly)." The Doctor says he tried to ascertain if there was any connexion between the injury and the cause of confinement in the lunatic asylum, but he made up his mind that there was *no connexion* between them, directly. On the 24th and 29th of May, the patient had fits ; he had lost, on the 6th of the same month, his only remaining parent, his father. On the 19th and 20th of June he experienced a pretty severe attack.

A few days after, the Doctor visited his patient not *professionally*, and, conversing, found him *present in his mind*. Mr. X. said he felt he would soon die, and was desirous of having his will made. The Doctor was asked to prepare it, which he did, and came back with it on the 28th, and had it signed by Mr. X., another witness and himself.

Dr. ——— acknowledges, though, that Mr. A. on that day was quite weak.

On the 23d July, the Doctor found his patient bound down in his bed, but suffering no *physical disease* ! Patient was *obstinately* silent ; his physician could not get him to open his eyes, or look at him ! With a good deal of effort, patient's mouth was opened, in

order to see his tongue. Finally, *he did not complain*, though his feet were fastened with cords, and his arms stretched out at each side of the bed and made fast. The Doctor could not tell whether Mr. X. was awake or not ! The pulse was normal, the look usual ! Patient had been found in the well, just above the water, standing with his feet stretched out at the sides of the well. He was not so much wet that it might not have come from spilling the water upon him from the bucket, and he was strapped down in his bed, because his female attendants were afraid of his getting down in the well. The Doctor thinks that on that occasion there was some *difficulty in patient's mind*, which was the cause of his descent into the well ; but he found no physical disease. Patient was not a subject for medical treatment ; there was no appearance of disease, no diminution of thought, no perceptible variation of pulse. But *Mr. X. refused to take food or medicine*. He became emaciated, his pulse was exceedingly weak ; at last he died of *inanition*, on the 3rd of August, 1860, three months after his father's decease, and one month after having made his will.

#### POST-MORTEM EXAMINATION.

Occasional slight adhesions of membranes throughout the surface of the brain ; the blood-vessels which ramify over the surface of the brain were a *little congested* ; *the appearance of congestion was universal, but the appearance of the brain was sound*. The skull in its inner surface showed an old fracture, but in that portion of the brain immediately adjacent to the fracture nothing unusual was found. There were three cracks from a centre, the longest over an inch, the smallest half an inch in length. No other part of the body was examined.

#### OBSERVATIONS ON THE ABOVE FACTS.

The evidence above summed up contains several contradictions, and even some impossibilities.

Mr. X. had been two years confined in a lunatic asylum, and was taken home in a mental state which could hardly escape the observation of the least attentive person, much less that of a physician

who attended the mother ten years before she died, and the father of decedent to his last moments. And can this medical gentleman seriously pretend that, treating a case of congestion of the head, he never inquired as to the probable causes? Again, this physician says that there was no connexion as of cause and effect between the injury to the head and the following insanity of the subject. Supposing the external injury had nothing to do with insanity, was it then a constitutional disposition that led Mr. X. to an asylum? If he was insane before his accident, *a fortiori* was he worse after it, or else he ought to have been cured, as has been seen in certain cases. But Mr. X., by the evidence of his physician, is shown in a moral state that does not permit such hypothesis.

Some of the symptoms given of the disease of Mr. X. correspond pretty well with defined pathological cases, but others escape almost any medical explanation. For instance, the ordinary symptoms of a simple congestion of vessels of the brain, called *raptus cerebri*, have but a short duration; but when the congestion is the consequence of an organic lesion the attack has a longer duration, and is always accompanied by mental symptoms. Now, according to the symptoms given respecting the pulse and arteries, the patient, who was found in a profound sleep, ought to have been found in a state of great excitement. There is perhaps one disease to which the given symptoms might be applied with less difficulty; that is, *cerebritis partialis*, in which symptoms are very often obscure, and perhaps difficult to be well observed by general practitioners. Generally in such cases, one finds an obstinate pain in the head, and after the fits a coma, out of which the patient may be roused; the face is flushed, and still the venous turgescence is the consequence of general debility. The patient recovering from the attack, the pulse improves and even becomes accelerated. These attacks are also remittent; but the mind is always impaired, and the mental debility is always evident.

Now the best authors on insanity have described cerebral diseases caused by external injuries to the head. Bucknill and Tuke say, that in some favorable cases, after some illness in consequence of an in-

inflammatory action, patients recover *sometimes*; but in the greater number of cases, after a few weeks of apparent health the patient must repair to, and be treated in an asylum. We may add, from our experience, that the consequences of such state are for the patient either of the following: 1. A sort of imbecility from a gradual weakening of the mental faculties. 2. Mania, with lesion of the intellect. 3. Lypemania, with fixed ideas and lesion of feelings. 4. Diastrephia, with perverted volition. 5. Epilepsy. The results of fractures of the skull are always grave, if not mortal. Concerning the sanity of such patients, Conolly says that the prognosis is generally unfavorable; it is only in cases of idiocy or imbecility, that *sometimes* such accident had a cure for result.

From what we read of Mr. X.'s case, we are confident that his disease originated from the blow or fall on the head; that after severe illness it had for result a gradual weakness of mind, associated with lypemania and a suicidal tendency.

A medico-legal question might be raised, Could the given symptoms represent a natural weakness of mind, consistent with a physiological condition of mental power; in other words, might Mr. X. have been an *unwise* person instead of an *insane* person? The history of the case answers this question. According to the given symptoms, there was a permanent *material lesion* of the texture of the brain, having for its results not only a mental decline leading to dementia, but the physical symptoms arising from remittent cerebral congestion, or hypercemia of the brain.

Now the medical witness in his examinations gives us to understand that he supposes *lucid intervals* existed, and he certifies that when Mr. X. signed his last will he was *present in his mind*. When a party in a law-suit sets up *lucid intervals*, he should prove it; and this we believe impossible here, because in traumatical influences having imbecility or dementia for result, lucid intervals never exist. In neuroses, and even in those of the brain when they take their diseased principle in moral or in physiological causes, lucid intervals, or sometimes a temporary cessation of symptoms, may appear. Mania, lypemania and diastrephia, as in general paralysis, may

have curious intervals, in which reason is restored ; but all these intermittences and remittences are very similar to those of hysteria and epilepsy, and have not been observed, at least that we know of, in imbecility or dementia. It is in that sense, and when the witness aims at some equivocation, that he employs the expressions, "not of strong mind," "sane at the time," or "rather silly." It is clear for us, that if Mr. X. was not of a *strong mind* it was the result of his disease, and if he was more excited at certain periods it was owing to the general fact that nervous diseases affect that form.

The assertion that on the very day of the execution of the will Mr. X. was quite weak, shows clearly that the exhaustion of the patient must have been very great that it required an immediate preparation of the will. It appears to us that people thought it was urgent that it should be signed as quickly as possible, for the man was so weak that perhaps a few days later the execution of the will might have been impossible.

It is certainly difficult to find how it came to pass that, if Mr. X.'s physician found no insanity, no symptom of intellectual decay, on the 28th of June, a chronic disease should have taken suddenly an acute form, giving rise to ideas of suicide in a quiet, dull, and even silly person. Such sudden attacks might perhaps be compared to epileptic fits, but we do not know whether this explanation is here possible, considering the way in which Mr. X. was fastened on a bed in the hottest part of the summer. We say that it shows the greatest cruelty of his attendants, whether males or females. Why, the struggles of this unfortunate, when tied on a burning couch, were sufficient to kill him by exhaustion. The assertion that Mr. X. was found in the well, *just above* the water, standing with his feet stretched out at the sides of the well, is, for us, a bare statement that the man attempted suicide. The chain of symptoms, *physical* and *moral*, is unbroken from the beginning of the case to the will, from the signature of it to the attempted suicide, and to the final death "by inanition." An insane person may, in his delirium, act instinctively in destroying himself; but in this state of the mind there may be two latent causes of suffering, moral and material. Are we right in sup-



posing that the insane lose entirely that intimate feeling of their own state? Experience shows that it happens only exceptionally amongst them, in the worst cases of dementia; and, in this case, it proves that Mr. X. was aware of the treatment he was submitted to. We are really sorry to be obliged to mention that a medical man advanced in his testimony that Mr. X. was not a subject for treatment; that he presented no appearance of disease. All this is in open contradiction to the daily practice of psychological medicine. At last, the doctor acknowledged that his patient died of *inanition*, on the 3rd of August, 1860!

Concerning the post-mortem examination we will say only, that in recent blows and other injuries of the head local inflammation may take place; that false membranes and adhesions may be found between the membranes and the brain; that effusions in the ventricles, collections of blood and purulent matter correspond to a longer duration of disease; and that in chronic cases we find generally disorganizations of structure, tumors, abscesses and softening of the brain. Because in some cases of concussion of the brain no lesions were detected, it is not to be concluded that in cases of fracture they may not be traced. That the brain of decedent had the appearance of being sound, is certainly most exceptional; authors abound with relations of post-mortem examinations, and not one relates a similar fact.

#### SYNTHESIS AND DISCUSSION.

Time is past when reports or evidences before courts of justice could consist of simple and vague assertions; personal authority must ever come forward with scientific proofs to gain credit. Nothing more was necessary in this case to prove the sanity than to show the man, even of inferior mental capacity, performing his duties in society, following his avocation, and finally himself making his own last will and testament. Instead of that, we find a physician who, in spite of the symptoms he gives of his patient, pretends that they were only accidental, or that if he had said enough to convince that his patient was really insane, the will or testament was made during a lucid interval. Now our duty is to see if the elements of

truth exist in such medical evidence; our office is to examine all the probabilities for or against the sound mental state of Mr. X. *before* the 28th of June, 1860, *during* that period, and *after* it until his death. The following synthesis of the facts answers to our aim, and will be the ground on which we intend to base our conclusions:—

Mr. X., as we have seen, was after an accident confined two years in an asylum; afterwards his father left town and came into the country with his unfortunate child, then about 19 years old. Was it possible to conceal the mental weakness of Mr. X. or his attacks? His physician says he never inquired whether these congestions had any relations to his accident and the subsequent treatment; but this is no proof of the sanity of Mr. X. After 16 years of settlement in the same village or township, both parents being invalids and under the care of the Doctor, he says that he had hardly seen Mr. X. before, when called, for *the first time*, between the 27th of April and 4th of May, 1860, and he then found him in a profound sleep. Being at last roused, he complained of violent pain in the head; next day, all the symptoms disappeared! From this we conclude that the *raptus sanguinis* of his diseased brain was caused by the morbid exciting of that organ.

On the 2nd of May, the Doctor found his patient *very funny*, although generally *depressed and despondent*. Here, then, we have the proof that Mr. X. was permanently in a state of imbecility and lypemania, only interrupted by his fits. It is at that time only that the medical witness seems to have been acquainted with the previous insanity of Mr. X. Now he declares himself “to have ascertained the mental condition of Mr. X., and not to have found the reason of his confinement in a lunatic asylum, except that he had been insane.” But the Doctor might have inquired from the father whether his son was born an imbecile or not; he might have asked particulars about the state of deccedent’s mind when he was sent to the asylum or when he left it. But not at all. He resolves the question with his own light, and says “he made his mind up that there was no connexion between these facts directly.” We protest against such intuitive power and unsupported decision, and we contend that we

physicians are bound to remain within the limits of the relations between cause and effect.

The Doctor visited his patient on the 24th of May; the patient had an attack and complained of *distress in the head* (a familiar expression, very significant in those cases). Again, on the 29th of May, and the 19th and 20th of June, renewed attacks took place; five attacks or congestions in two months. Evidently there is no interruption or even a diminution of symptoms, but rather a remarkable *aggravation of them*.

Supposing, if it were possible, that such form of insanity admitted lucid intervals; is it not evident that the succession of all these attacks would have prevented their appearance?

We have now to appreciate curious and delicate circumstances. The Doctor says in his evidence, that he visited his patient *not professionally*, but in order to see whether he could assist him in any way; this was a few days before the 28th of June. He found his patient, now his friend, *present in mind*, and considered him as *sane at that time*. After some conversation, he concocted with him a plan of a will, which the patient could not have done himself. What could have led the Doctor to take such an extraordinary step in our profession is not explicable; especially since he has declared that there existed no intimacy between them, and that he hardly had seen Mr. X. before the month of May, 1860.

We have seen that on the 28th of June the will was signed. Let us remark that the Doctor says, that the day before the execution of the will Mr. X. was lying in bed in consequence of a *severe* attack of headache, and that on the 28th of June the *physical* condition of the testator was very weak. We see that before and during that period it was impossible that Mr. X. knew what he was doing. Could he express the result of his conceptions, and manifest his volition?

It is not our province to examine the legal conditions of a will for its sincerity; but, if the freedom of the testator is an element of it, we can say that, morally, that condition did not exist. Now the Doctor being asked whether at the time of the execution of the will

Mr. X. was not under restraint, gave an answer which leaves us in uncertainty on that point, for he answered, "*None that I know of.*"

Here we enter upon a different period of this sad history. Until now the unfortunate imbecile and melancholiac had certainly been a burden to himself. During the life of his parents he had been the constant object of their love and care; but he had lost them now. Having given all that was his, he will soon become a burden to others.

What strikes us is, first, that his doctor, witness and writer of his will, does not visit him any more, either as a physician or friend. Facts tell us that he remained nearly a month without calling on him; and meanwhile Mr. X. was fast approaching his end. During that incomprehensible absence many events must have taken place. As a psychologist we are aware of the many causes, either of neglect or bad feeling, that may have influenced the last struggles. Mr. X., who had lately been considered as a *sane man, though rather silly*, was now treated as he had been a *raving maniac*; and no one gives us an account of what had possibly led that unfortunate to desire death!

Be this as it may, on the 22d of July the witness found Mr. X. fastened in his bed in an *excruating position*. Either he must have been very violent, and in that case female attendants could but with difficulty have mastered him, or else, if Mr. X. was fast declining, it was unnecessary brutal treatment. We have not the least doubt that such harsh and cruel torture was sufficient to kill an insane man by exhaustion, or by a violent reaction of the nervous system. But we are here relieved from any necessity of supposition. The physician of Mr. X. tells that his patient died of *inanition*!

#### CONCLUSIONS.

The following conclusions are the result of our common considerations of the above facts, and their deductions:—

1. That a congenital predisposition to diseases of the nervous system may have existed in Mr. X.
2. That a determining cause (the fall on the head) produced insanity in Mr. X., which disease was a gradually progressing weak-

ness of mind, associated with lypemania. Among the physical symptoms in such cases, remittent congestions to the head are prominent.

3. That in consequence of his form of mental disease, which has no possible lucid intervals, the late Mr. X., on account of his limited sphere of intellectual power, and especially by weakness of reason and volition, was unable to make spontaneously a testament or will, or sign such act of civil life with knowledge of its value.

4. That Mr. X.'s mental prostration or intellectual obscurity precluding the possibility of the necessary determination and understanding for signing a will, presupposes his submission to undue influence.

---

JUVENILE INSANITY. By JOHN CONOLLY, M. D.

[*From the London Med. Times and Gazette.*]

THE occasional existence of a disordered state of the mental faculties in children, not depending on any temporary condition of an inflammatory kind, or on recognised chronic disease, and not on the result of accident, and more resembling mania than imbecility, does not seem generally to have been noticed even by Medical Practitioners until somewhat recently, and certainly has not attracted particular attention. Cases of the kind are rarely met with in Asylums, nor are they, indeed, very common in private practice; but they are not now overlooked or disregarded as they appear to have been. In all probability they were formerly looked upon as instances of perverseness or wickedness, and the unfortunate children were merely chastised, with little advantage. Not being without capacity for receiving some amount of instruction, and yet incapable of sustained and effective application, their attention exercised with difficulty and their memory unfaithful, they were punished for idleness, and grew up with many faults aggravated by severity. Children of the wealthier classes were sent out into the world, and left to follow a wayward course, with various consequences, committing mischievous



errors, incurring ruin; or, surviving these perils, living to be the plague of families or of neighborhoods. Those of the poorer classes were most probably abandoned or vagrant, and finally absorbed into prisons. In innumerable respects society and manners and modes of thinking have undergone great changes since the beginning of this century, but in no respect more strikingly than in the greater attention paid to the minds of children of every class; as if it had only now been found out that the mind was an attribute of value in every human being. The least hopeful cases of mental infirmity, congenital idiocy, imbecility connate or supervening on accidents or infantile disease, epilepsy in children associated with these states or with maniacal paroxysms, have all attracted special attention, and the charitable and other provision made for such imperfect or afflicted beings has shown them to be numerous in every rank of life; whilst the remarkable improvement found to be attainable in a great proportion of them, although a perfect cure is not to be expected, seems to have had a sensible effect in inducing parents of all ranks more willingly to seek advice for their children when subject to other and to slighter forms of mental peculiarity.

A few examples of mania in children, which although occurring in paroxysms were not associated with epilepsy, and others of a mixed character and to some extent apparently combined with hysteric exaggeration, have been noticed and recently recorded in some of the Medical Journals. Dr. West has described cases of this kind occurring in his own practice at the Children's Hospital (*Medical Times and Gazette*, February 11, 1860). The hysteric phenomena, or peculiar symptoms connected with paroxysms of violence in juvenile subjects of the female sex, are sometimes certainly co-existent with other signs of precocious ovarian development. Here and there in Medical works cases of early insanity are spoken of, but still few in number, and even of children who have committed suicide and other crimes, although such early extravagance of mental impression has been of very rare occurrence in our own country. Among the numerous facts cited by Dr. Prichard in the "*Cyclopædia of Practical Medicine*" (Art. *Insanity*), and by Dr. Copland in his comprehen-

sive essay on Insanity in his Dictionary, few have relation to insanity in young children ; although the subject is not overlooked. A few cases are related by Esquirol. Statistical tables rarely comprehend juvenile cases, or cases below the age of fifteen, such cases not being often sent to asylums.

The uneasiness of parents seldom leads them to seek advice on the subject of their children, however eccentric, until their gradually increasing strength and independence make their eccentricities inconvenient, and inevitably suggest the idea of some serious peculiarity existing in them. Even then, the solicitude for the character and progress of unmanageable children is yet chiefly confined to families of the educated portion of the community. Parents of the higher classes, and especially those who most appreciate the value of mental and moral qualities, although they may for a time be unobservant of or indulgent to the caprices, or restlessness, or passionate manifestations of their little boys and girls, usually become anxious about them when the children have attained the age of four or five years, and seek advice concerning them.

It will be convenient to apply my brief observations on these juvenile cases to each sex in succession.

*Male Children.*—In most of the cases in which the practitioner is consulted, he will find that there is a modification of the aspect and movements of the children, resulting from an irregular development of the general frame ; that the stature is greater or less than what is usual at the child's age, that the head is not carried erectly, that the trunk is drooping, or the limbs are ill-proportioned ; the eyes are ill-opened, or oddly directed ; there is continual movement of the hands, and the attention is vaguely transferred from one object to another. The voice is either shrill, with defective articulation, or gruff and unnatural ; exercised with jerks or effort, or with impatience or sullenness. There is a disposition to be always moving from place to place, sometimes with a mischievous object, and sometimes with none that can be understood. There is generally something peculiar in the shape of the head, and most frequently the temporal and frontal regions are contracted, the forehead is rather

bulging, and the occiput prolonged. If there have been convulsions in infancy, there are generally unmistakable appearances of an imbecility scarcely promising relief; but it is always to be remembered that the development of the brain may in particular cases be only retarded, so that, unless there is clear evidence of organic fault or change, hope of amendment should not be abandoned. No juvenile peculiarity, or waywardness or violence, should induce despair. Both history and the experience of any observant man will furnish examples of very unmanageable boys becoming valuable and even distinguished men.

Irregular inuscular movements, twitchings, startings, and a variety of what are usually termed nervous actions, are observed in children where certain mental deficiencies are suspected or actually exist; and in some cases there are slight forms of convulsive agitation. In such children the powers of acquiring knowledge or of benefiting by instruction are limited; some faculties seem wanting, and others unduly developed. An absence of affection is observable; they are indifferent to their parents, or to their brothers and sisters, and alike unmoved by praise or blame. They are even fond of inflicting pain on younger children. Sometimes there are indications of premature sexual feelings. These peculiarities are frequently evinced as part of an hereditary malady. With every added year boys of this kind may become, for a time, more the objects of anxiety, and yet eventually improve. When they are six or seven years old the power of exercising and directing the attention, a faculty now becoming so important, may not be found to be increased; it is on this account difficult or scarcely possible to teach them to read or to count. Perpetual restlessness opposes itself to all improvement, and attempts to control it induce paroxysms of violence like the paroxysms of mania. By this time the imperfections of form earlier observed may have become rectified and early spasmodic or convulsive affections passed away, and the general appearance of the child when free from agitation be sometimes deceptive: the head may be well formed, the expression of the countenance even pleasing, although some unsteadiness or peculiarity may be noticed in the direction or movement

of the eyes. The child may be pleased by the sight of animals or of flowers, but yet generally unobservant. Its articulation is usually found to be still imperfect ; food is very hastily taken, and all the actions are hurried. There may be signs of an affectionate disposition, soon, however, giving place, when the child is urged to do the slightest thing at variance with its humor, to a frantic expression, and a paroxysmal violence, in which it throws itself down, screams, kicks, and loses all sense of any danger to which its furious actions expose it.

At the age of eleven or twelve the morbid accidents of childhood are found in some degree to have changed their form. Mere impulses and excitement have given place to peculiarities partaking more of some morbid moral obliquity, still not associated with a distinct will to do harm. The boy will be untruthful, or will take fruit or even money which does not belong to him, although after a time he will tell a kind mother that he has done so, urged by some consciousness that it was wrong ; and the propensity usually, I believe, disappears under kind management. When this or any other moral peculiarity exists with a continued disposition to restlessness and mischief, and with a stubborn inclination to idleness, although the boy can do any moderate tasks, it is always important that the case should be viewed medically. If, combined with an insensibility to ordinary incitements to exertion, and an apparent absence of any feeling of shame, there is also observed an uneasy restlessness, which approaches in some cases to a form of chorea, great prudence is required as regards attempts to stimulate the mental faculties to action. Many unhappy boys of this constitution are subjected to great cruelty, and to both bodily and mental torture. They are sent from school to school, removed from masters considered too indulgent, and transferred to others praised for more strictness ; by whom, if their power of attention is feeble, it is seldom encouraged by exercise upon natural objects calculated to attract it by the pleasures derived by its exercise : if the memory is weak, it is simply overloaded by forced application to subjects beyond early comprehension, or by the infliction of bodily pain ; of all which the results are seldom other than detrimental, both to the understanding and the heart.

If the whole character of a boy of eleven or twelve, and whose mental or moral imperfections are becoming inconvenient to his parents, and supposed likely to be removed by ordinary school education, could have the advantage, first, of judicious medical examination, and then of careful training by instructors capable of discerning the good which generally lies mingled with what is faulty in such cases, it would be found that many were perfectly amenable to treatment. But this seldom happens. The physician has a boy presented to his notice, eleven or twelve years of age, tall, pale, delicate-looking; the forehead rather narrow, the occiput rather large, the countenance placid, the speech perfect, and whose replies are quite rational: the manner of the boy, however, has a careless and indifferent, character more easy to observe than to describe; and the parents, who are persons of a certain rank, almost apologetically enter into explanations that do not appear obviously necessary. Their son's education is in some respects going on satisfactorily, but he does not read quite so well as other boys of his age. He is, however, fond of reading anything in rhyme, little poems, and songs, and hymns. For prose he has small inclination. He is fond of music, and is learning already to play on some instrument. He has no distaste for some kinds of application, even for application to arithmetic. He takes some pleasure in regarding the operations of workmen, and has especial satisfaction in watching the execution of various kinds of carpenter's work. But notwithstanding this, his most particular inclination is to do nothing. By some accident he has associated with persons of a lower station; the stables have had particular attractions for him, and his habits and manners have thence undergone some objectionable modifications; and he has sometimes expressed it to be his early-formed conviction that the pleasures of refined life were constraining and irksome, and, in his estimation, not to be compared with the quiet enjoyment of idleness, and of malt liquor, and of smoking. He shows no absolutely vicious tendencies, and is inoffensive if not thwarted; but if thwarted he is passionate and abusive. He has some malicious pleasure in tormenting children younger than himself. I am of opinion that cases resembling this, however varied



in details, are to be met with in many country houses in every county in England. They present a combination of good and bad inclinations, and a partial intellectual power and weakness deserving of the most careful consideration, and requiring, as respects their treatment, a most judicious application of practical measures, based on some knowledge of the laws to which both mind and body are subject. In some happy instances the necessity of a special education is perceived, and is successfully pursued; but the usual course is to trust all to conventional forms of instruction, which rarely prove beneficial.

At the age of twelve or thirteen, if boys continue to manifest much peculiarity, or if after this age and at the period of puberty eccentricity becomes more marked, or the feelings are observed to be ill-balanced, or delusions to spring up and influence the conduct, although greater anxiety may be felt as to the results, such disturbances are sometimes found to be dependent, even in boys, on incipient changes taking place at that period, and pass away. The supervention of occasional short attacks of excitement, or of irregular muscular movements, or of epilepsy, or of catalepsy, or of sleep-walking, or of unusual habits of devotional observances, or other extremes of behaviour, or of moroseness and seclusion, should never be disregarded. The intractability of epilepsy is too generally known and acknowledged, and also its occasional disappearance, at least, for many years, in adults. In earlier life its character may be said to be more hopeful, and its subsidence more to be relied upon. If, after occurring at four or five years of age, disappearing for a time, and re-appearing at the age of twelve or thirteen, there is too much reason to fear that the result will be imbecility. In such cases there is usually at first great sensibility, and considerable talent, and an amiable disposition. Slight and brief attacks of catalepsy occur, in which the eyes are fixed, the head is moved up and down, consciousness is obscured, although the patient will continue standing up, and shrink from an object menacing danger. Epilepsy usually succeeds after a time, preceded or followed by mental excitement, and gradually the mental faculties are

weakened to the extremest degree, and every valuable characteristic perishes in succession.

All of these accidents of the age of puberty appear to be of worse import in boys than in girls; their very frequent connection with an hereditary tendency to nervous disturbance is perhaps equally seen in both sexes.

The moral weaknesses of a child's character usually attract attention before suspicions of its intellectual disorder arise, except in cases in which the intellectual deficiency is either very great or of a peculiar description. Even as childhood advances towards youth, the same remark is applicable, and often at later periods. It is generally only in the years in which the forms of senile mental decline begin to appear, that moral distractions are less generally co-existent with impaired understanding. In the earliest stage of the hopeless form of mental disease in which the accompanying or supervening paralysis causes it to be most known as paralysis of the insane, the relatives of the patients are sometimes at a loss to account for acts of unaccustomed profligacy, soon, however, explained by great and evident impairment of all the faculties of the mind.

No very satisfactory or continued observation can be generally made of the course of juvenile insanity. Advice is rather reluctantly sought, and is seldom carefully followed; and the proceedings afterwards are seldom accurately reported, or the true history known, even in the case of boys. When girls are the subjects of the malady, still greater care is taken to conceal it, sometimes with little regard for the consequences to those who may become their husbands. If what a physician would recommend were attended to, many cases which are now neglected would prove capable of receiving benefit; as may be gathered from a consideration of what is effected by Dr. Down in cases of almost hopeless imbecility and absolute idiocy in the Earlswood Asylum.

In the cases more properly belonging to juvenile insanity, where the faculties of the mind are not wanting, but only deranged, the efficacy of early treatment may be still more confidently hoped for. Some curious examples are now and then met with, in which singu-

lar physical complications with a peculiar mental character in children wholly disappear under mental treatment alone ; for sometimes there appears to be no actual cerebral disease, and the brain is only disturbed by disorder of other parts of the system, and especially of the stomach and the bowels. But the subject of the medical treatment of insanity in early life will be more appropriately spoken of after the peculiar forms in which it appears in girls have been briefly described.

The general treatment both in boys and girls, comprises the whole range of physical education and moral training ; and although many boys, more or less deranged, or more peculiar than those alluded to in this paper, may, as has been remarked, with the advantage of proper care, grow up into useful and good men, many more are ruined for want of it. Foolishly indulged and capriciously punished in childhood, subjected to indiscriminate treatment at school, and afterward left much to their own devices at home or at college, or if it can be afforded, travelling with tutors scarcely better prepared for travelling with advantage than themselves, and soon surrounded by unprincipled men and women always attracted by such prey, they too often end a career of mischievous idleness disgracefully.

To the special education of such minds there is at present scarcely any attention given ; the separate mental faculties receive no equal and considerate care ; and upon the whole, all the knowledge founded upon actual study of the mind as well as of the body, and connected with the successful formation of a well-informed and well-governed creature out of the unpromising materials of an ill-constructed mind and body seems, even in this enlightened state of the world, scarcely to have spread, for any practical purposes, beyond the Schools of Medicine.

REMARKS UPON DR. PARIGOT'S PAPER, "ON MORAL  
INSANITY IN RELATION TO CRIMINAL ACTS," BE-  
FORE THE NEW YORK ACADEMY OF MEDICINE.

[*From Bulletins of the New York Academy of Medicine.*]

DR. D. TILDEN BROWN, of Bloomingdale Lunatic Asylum, being asked for the expression of his views upon the subject, stated that the law of the State in relation to insanity was, he believed, all that could be desired, when the state of public intelligence was taken into account. The physician, as a witness, was left entirely untrammelled by every other consideration save that of his love of truth and science. He considered this to be one of the excellencies of the law, that no technicalities were insisted upon, but the physician was left to declare whether the prisoner was insane or not in the broad acceptance of the term; leaving out of consideration all those points which specified any particular state of mental disease. Different views were taken of the subject in different States, which was accounted for by the degree of mental culture of the community. In New England, when the question of insanity was mooted, jurists and physicians take up the subject *con amore*, and very frequently the prisoner dies in jail before any conclusion is arrived at. In New Jersey a very different state of public opinion existed; the matter in some cases had been very summarily settled by the exclusion of all testimony relating to insanity until after the man was hung. In regard to New York, he thought the whole subject was adapted to the condition of the public mind, and thought it useless for medical men to attempt to suggest laws which will be in advance of the age. In conclusion, he expressed a strong desire to hear the opinion of Ex-Judge Edmonds upon that point.

EX-JUDGE EDMONDS being accordingly invited to offer some remarks, stated that the subject of insanity was one to which he had paid particular attention for a number of years. He had the ques-

tion brought up before him frequently during the six or eight years he occupied the bench, and, indeed, the very first case that he tried was one of this sort, and it was only after a very considerable effort that the man was prevented from being sacrificed to the popular prejudice. He agreed with Dr. Brown, that it would not do to press the matter too fast, and run beyond the capacities of those who constitute our legislatures and our juries. One fault of the learned paper he thought was due to the fact that the author took one trial as the exposition of the law of the State; this was an error, inasmuch as the decision given at that time never had any authority with jurists. In his first case in 1845, his opinions of the doctrine of moral insanity were fully set forth, and he took occasion at that time to say that the progress of the law lagged behind the advance of science. The opinion, as then given, was published in the first volume of the *American Journal of Insanity*, and was commented upon by Dr. Brigham, with his usual earnestness and ability.\* The soundness of the doctrine had been questioned by judges, but still it was gradually forcing itself upon the attention of the educated and intelligent of

\* [The case referred to by Judge Edmonds is that of Kleim, who was tried for murder in the city of New York, in May, 1845, and found "not guilty, owing to insanity." A partial report of the trial, with the charge of Judge Edmonds to the jury, is given in volume ii, number iii, of this journal, and nowhere in this report, either in the minutes of examination or the Judge's charge, does the phrase "moral insanity" or any of its equivalents occur. There was abundance of evidence that, for several years, Kleim had manifested profound delusions of enemies, conspiracies, &c. His manner, habits, and feelings had undergone a marked change, and he had become silent, indifferent, and stupid in his behavior. Dr. Earle, the only expert examined at his trial, was convinced, from observation of prisoner, of his insanity, and thought that his mental disorder "would generally be classed under the head of dementia." Dr. Brigham, as appears from notes of Kleim's case made soon after his admission to the Asylum at Utica, was of the same opinion, and the mental condition of patient has hardly undergone the slightest change up to the present time.

In again alluding to this case, at the second discussion of Dr. Parigot's paper (see a few pages farther on), Judge Edmonds quotes the entire portion of the charge referred to which can be supposed to relate to the doctrine of moral insanity. The language there used does not seem intended to convey a direct and full recognition of this doctrine, but Judge Edmonds' present statement, that his notions of moral insanity were derived from Dr. Ray's treatise, and had been adopted the more readily because he had been unable to find *physical symptoms* in cases of presumed insanity, do not leave us in doubt upon the subject.



the profession; as an instance of which he referred to the corroboration of such views by Daniel S. Dickinson, Judge Whiting, David Graham, and others. It appeared to him that the principle maintained in the paper, that moral insanity must necessarily be attended with some physical signs, could not be carried out practically. Moral insanity in his opinion was a perversion of the mind unattended with any external physical symptoms.

"I knew a young man," continued he, "who lived in Utica, who in all his domestic relations in life was perfectly sane, but who had an insane desire to fire buildings, and when left alone would indulge in the propensity. He was finally sent to the Lunatic Asylum, where I saw him. In his conversation he seemed perfectly sane, without the slightest physical symptom that was manifest."

Another case that happened under his observation occurred in a woman confined in Sing Sing. She was twenty-four years of age, well educated and very much of a lady, had a large income, and belonged to a very respectable family in Scotland. Early in life she had shown a disposition to steal, and in order to save the family from

The position claimed for the doctrine as a principle in the criminal jurisprudence of this State, can not, however, we think, be sustained. So far as we know, the only cases in which the defense of moral insanity has been offered before courts in this State, are those of Huntington and Speirs: in both of which insanity was a mere pretense. Judge Edmonds refers to the former in the discussion reported above. From the charge of Judge Allen in the latter we quote two sentences, which sufficiently indicate his opinion. They may be read also, as a most pertinent comment, in connection with the quotation from Judge Edmonds' charge, on a following page:—

"That the moral affections might be and frequently were perverted or impaired by the same diseases, or other causes, which affected and impaired the reasoning faculties and the memory, was not doubted. But 'moral insanity' as a distinct manifestation, apart from any derangement of the intellectual faculties, or any disease affecting the mind, had not been and could not be with safety recognized, by the law, as exempting its subjects from punishment for their unlawful acts."

As to the eminent jurists of the State whose names are claimed on the side of moral insanity, we can not but remember that, with perhaps one exception, their opinions were given as counsel, and have no judicial weight whatever. Finally, we are satisfied that we have the support of the highest authority in saying, that moral insanity has received no recognition by the judiciary of this State, and that the positions of the *JOURNAL OF INSANITY* upon this subject coincide with the established rules of judicial tribunals.—EDS.]

disgrace, was sent away from home. She came over to this city, and one day she went into a shop and stole some rings, which she afterwards confessed to the policeman she did not want, but had taken them simply because the propensity to lay hands on them was absolutely irresistible. Yet notwithstanding all these evidences of moral insanity, she was in every respect in perfect health.\* There was another point in relation to the general subject which he wished to call attention to, and that had reference to the change that had recently been made in the laws of the State which compelled the subsequent confinement in an asylum of all who had by reason of insanity been found not guilty. By this means the community were properly protected, while at the same time the unfortunate lunatic was properly cared for, and probably cured. He also referred to another important change in the laws of the State, which consisted in the fact that when a plea of insanity was offered the presumption was in favor of the prisoner, whereas formerly the exact opposite was the case.

In conclusion, he stated his willingness to discuss other points contained in the paper after it was printed, and he should have sufficient opportunity to read it over carefully.

DR. GILMAN being invited to take the floor, stated that he had listened to the speech of Judge Edmonds with great satisfaction, and was very glad to hear from such testimony that the enlightened opinions with reference to the question of moral insanity were gaining ground. In regard to the Huntington trial, he stated that the judge declared that the State of New York did not know any such thing as moral insanity. He also alluded in the same connexion to the fact that a year had not passed over our heads since an insane man escaping from the asylum was arrested, tried, convicted of mur-

\* [We must beg the advocates of moral insanity, before citing these two cases in proof of their theory, to observe that there is neither the evidence of an expert in mental disease that the persons were insane, nor even that of a medical man that no physical signs of insanity were manifest.—Eds.]

der, and hung in an acute paroxysm of mania. *He was in a state of acute mania at the time he went to the gallows !\**

He expressed a hope that the suggestions of Dr. Brown and Judge Edmonds, in relation to any changes in the laws of the State, would be respected.

DR. PARIGOT considered moral insanity as a disease which of necessity must be manifested by symptoms.

DR. WATSON thought that the difference of opinion which existed between Dr. Parigot and the Judge was more apparent than real. Dr. Parigot referred not to physical but physiological symptoms, and so far as he had gone, Dr. W. thought that his ideas were capable of being sustained. It was a true physiological disease, and yet there were no physical signs capable of showing to us anything that we could distinguish as disease. He believed authorities took the ground that there might be disturbance of the mind without any corresponding lesion in the brain, or at least the lesion may be so delicate as to be only manifest by action.

DR. GRISCOM also expressed a hope that the Academy would put itself in possession of the whole valuable paper of Dr. Parigot, and accordingly moved that the paper be referred to the council with power.

---

DR. J. PARIGOT, in opening the [second] discussion, wished to make a few observations, first on some opinions set forth at a preceding meeting, and afterwards to remark on the subject itself, with reference more particularly to the opinion of several distinguished American writers.

The opinion as to whether the law of the state regarding insanity was all that could be desired for the present, was one which could not perhaps be decided, but he, nevertheless, thought that Doctor

\* [For the honor of our State, we may say, here, that Dr. Gilman no doubt refers to the case of Patrick Maude, an insane man, who had escaped from the New Jersey State Asylum, and who, for the murder of his sister, was hung at Newark, N. J., on the 12th of January, 1860.—EDS.]

Brown, of the Bloomingdale Asylum, went too far when he stated so positively that it was, more especially as Professor Gilman in answer had said, that not a year since a lunatic had been condemned for murder, and actually hung whilst in a state of acute mania. Now, this was as bad as anything that had occurred in England, France, or Belgium, where such judicial errors had also been made. What he (Dr. P.) had said respecting laws of foreign countries, and detailed in his paper under sixteen heads of legal errors on insanity, was perhaps applicable to the laws of the United States in general, but the law as explained by the honorable judge in the case of Huntington was certainly deficient; further, he could not admit that nothing better could be done in this state respecting these laws, since the science from which the justness of these laws originated had not come to its perfection. Progress was the rule of every civilized nation, and the United States was sure not to be behindhand in such a matter.

Dr. P., in referring to the remarks made by ex-judge Edmonds, on the necessity of not pressing the matter too fast, and *running beyond the capacities* of those who constituted legislatures and juries, stated that such assertions did not appear to have much to do with his paper, neither were they consistent with the opinion of the honorable judge himself, as expressed in the first volume of the *American Journal of Insanity*. He then proceeded to read part of a charge to a jury made by the learned judge, from page 261 to page 264, ending in these words—"Yet the law in its slow and cautious progress still lags FAR BEHIND the advance of TRUE KNOWLEDGE." Dr. Parigot added that this unequivocal proposition could not be consistent with the wish not to *press too much* the actual state of science in judicial difficulties on insanity; what he (Dr. P.) meant was that the law must be imperfect, since in a trial it might be superseded by the decision of a judge. Written laws might be good and just, but statute laws might prove very uncertain and imperfect; therefore his wishes were that respecting insanity, laws founded on science alone should supersede private opinions of judges, who might differ on a subject foreign to their studies. In fact, nothing could more offend

the justice of God and man than to see an unfortunate on the scaffold who knew not the difference between right and wrong, but was to suffer for want of that discrimination. In difficult cases it was better that twenty culprits should escape punishment than one innocent be sacrificed on account of our ignorance.

He alluded to a paper on moral insanity that was published by the *American Journal of Insanity* in the last October number, and which was written by Dr. Ray, Superintendent of the Butler Hospital. According to that paper, moral insanity might be a perversion of sentiments or propensities, or a morbid irritability of the affective powers; at all events, it was pronounced a *disease*, the forms of which might be variable. Admitting the truth of Dr. Ray's statement, he (Dr. P.) was inclined to go a little further, and maintained that moral insanity being a bodily and mental affection, it must, and *does always* of necessity, present physical and physiological symptoms as well as symptoms of a perverted volition, other faculties being still, at least apparently, sound. This opinion he was ready to substantiate by a reference to numerous examples which had come under his personal observation. According to Dr. Ray, the only conclusive proofs of the existence of mental disease were to be found in mental manifestations. Now this opinion held by a physician who maintains the real existence of moral insanity, was the evident proof of the difficulty of accurate study of those minute symptoms in asylums as they are now constituted. Can a medical man take thorough charge of three or four hundred lunatic patients, in a way to observe all the nice distinctions in each case? That is impossible!

Now, acts are also the manifestations of a diseased brain in moral insanity, or rather *diastrephia*; but what ought to establish unquestionable signs of that disease are the *ensemble* of psychological and somatical symptoms; in fact, in moral insanity it is only by their double nature that symptoms become *real signs*. A pure psychological error is only preponderant when it governs the whole mental condition of the patient, but is only eventual, and without weight, when it simply refers to a particular and accidental disposition of the mind; thus the classification of mental diseases may be



purely psychological for our convenience, but to confirm our opinions we must have recourse to pathology.

The difference of opinion on this subject entertained between a man of profound knowledge as Dr. Ray, and the no less learned officers of the Asylum at Utica, who publish the *American Journal of Insanity*, appears to be, that Dr. Ray supposes that feelings are only perverted, and that his opposers say such a disease to be a *myth*, if it does not affect the intelligence or intellectual faculty. Why so? They say that "Alienists (p. 183, Octob. 1861) do not greatly contradict one another in regard to *sensible phenomena*, or the fidelity with which they are observed," but that the diversity of interpretation of facts is sufficient for the formation of different opinions on moral insanity; and (p. 185) that "the important point in dispute is in regard to the practical justice and utility of the definition of moral insanity; and the cases in which this has any interest are those only in which there is a reasonable doubt whether the mental manifestations have their origin in *sin* or *disease*." The same authors say, in an article on the case of Huntington (July, 1857): "About moral insanity, taking the best definitions of the most distinguished experts as a standard, we have not an unquestionable case in a thousand—indeed, none unquestionable."

In answer to these objections, Dr. P. remarked, that he might be wrong, but he had the conviction that symptoms or sensible phenomena existed always in real diastrophia—in fact, the cause of the disease might be, and was often, *sin*, but that also physical or physiological disorders might, as well as moral causes, be the origin of a morbid change in our tissues, and that he could not admit the conclusion that all these cases were questionable, since it was equivalent to acknowledging that we physicians had no pathological ground for examination, which was not the case.

In conclusion, he was unwilling to say that general practitioners were totally unfit to act as experts in this particular department of medical jurisprudence; for he knew medical men who, having but few occasions to see and observe insane patients, had nevertheless acquired a profound knowledge of psychological medicine. No phy-

sician, therefore, in his opinion, could attribute to himself an exclusive right to any branch of our science.

As quite a number of legal gentlemen were present, the President gave a general invitation to them to take part in the discussion.

DR. PERCY was somewhat surprised, on reading over the paper of Dr. Parigot, that the peculiar disease termed *dipsomania* was not alluded to as a special form of moral insanity, and more especially as it illustrated in a marked degree the principles upon which the views of the author were founded. Dr. P. had three such cases under his own observation, and was satisfied that it was a true disease, a morbid propensity to drink, over which the patient had no control, at the same time being convinced of the ruinous consequences of such indulgence. In reply to a remark from Dr. Parigot, that the laws of the State of New York did not recognise moral insanity, he wished to prove that the contrary was the case, by a reference to the establishment of an Inebriate Asylum.

DR. PARIGOT was aware that dipsomania was a very common disease, and remarked that it afforded a very beautiful illustration of the origin of mental disease from the practice of a vice.

DR. ALEX. H. STEVENS. It does appear to me that we should make two classes of insanity—those which are voluntarily brought out by the indulgence of evil passions and by the voluntary acts of the individual, and those which come without his agency, as by the will of God. Now, if we would rescue from punishment those who have voluntarily brought insanity upon themselves, we must keep a strict guard over all the vices, the practice of which leads to such a result. And furthermore, I am satisfied that the infliction of punishment by law on such persons would not only tend to the prevention of the crime itself, but of the indulgence of those passions in which evil deeds originate.

DR. PERCY. "He that is without sin among you, let him cast the first stone at her." It seems to me that if we are compelled to decide, in the eye of the law, the innocence or guilt of the party on the ground taken by Dr. Stevens, no one would escape punishment. How common is it to indulge in too much eating, drinking, and in various

other acts which are known as the causes of insanity, and yet are we to be punished for such indulgences when we unconsciously commit an act which, in the eyes of the law, is deemed criminal? It is only sufficient for purposes of justice to know that they were actually laboring under insanity at the time the act was committed.

DR. PARIGOT thought that if government attempted to prevent indulgences it would be at the cost of the liberties of the people, and, as such, could not be tolerated. When, however, the first attempt at crime was made, as the result of developing moral insanity, by taking the matter in hand at once a great deal of subsequent mischief could be prevented. For instance, in case of shoplifting, a simple reprimand from the judge might be sufficient to arrest the development of the propensity.

DR. HORACE GREEN wished to call back the disputants to the original question, whether or not moral insanity was always connected with some physical lesion.

DR. GRISCOM, in order that some of the members might understand what were the physical symptoms which existed in connexion with the disease under consideration, read that part of Dr. Parigot's paper which treated of the subject.

DR. WILLIAMS, of Manhattanville, being called upon to express his views upon the subject, confirmed the opinions which were set forth by Dr. Parigot.

DR. D. TILDEN BROWN, of the Bloomingdale Asylum for the Insane, said that although the subject of Dr. Parigot's essay was full of interest, both to the legal and medical professions, he would limit himself to some comments on the propositions which Dr. Parigot had submitted to the Academy. To the first, which contains a definition of the term Moral Insanity, he would offer no dissent, lest he encourage the notion that doctors are prone to differ. But he declared his belief in the existence of a form of mental derangement which might be conveniently, and not inappropriately, called moral insanity, by those who interpret the term alike. He would refer those who distrust special writers on Insanity to Prof. Carpenter's "*Principles of Physiology*," in which the author, regarding the

subject as a physiologist, maintains that "Moral Insanity frequently exists without delusion, or other intellectual disorder whatever."

The latter part of the second proposition had Dr. Brown's fullest concurrence, and in the last edition of Dr. Beck's Medical Jurisprudence he had expressed similar views, and lamented the introduction of the term into medico-legal phraseology, because the fact that it does not convey the same idea to all minds is fatal to its utility. In justice, however, to Dr. Ray, he would say that this objection had been met by that eminent expert in a recent vigorous defence of his own views of Moral Insanity, in the *American Journal of Insanity*.

Respecting the third of Dr. Parigot's propositions, Dr. B. said he was unable to discern how any improvement could be made on the present law, which is at once comprehensive and equitable. It does not proclaim any arbitrary classification of mental diseases, and require the medical witness to specify under which class the party in question falls. It simply demands proof of unsoundness of mind, when the plea of insanity as a defence is raised, because it recognises a difference between passion which is the result of conscious indulgence, and passion which is the result of disease. If, in their exposition and application of the law, courts and counsel obscure it by their metaphysical and unscientific commentaries and rulings, their error should not disparage the law itself. Dr. Parigot had suggested in his paper, that the question of insanity in criminal cases should be tried by a jury of medical men, but is it certain, asked Dr. B., that twelve physicians would always agree on a verdict? He thought the profession had better content themselves, when summoned as experts in lunacy cases, in simply stating their opinions, and giving their reasons therefor, leaving the issue where the law wisely leaves it—with the jury.

The fourth proposition no one would, probably, be disposed to controvert; but the fifth recommended a change in the law regulating the detention of insane persons, which Dr. B. could not regard as an improvement. The present law, which required the sworn declaration of two physicians that the party is insane, and the warrant of a

magistrate before the patient can be restrained of his liberty without the risk of incurring heavy penalties, seemed to the speaker to offer satisfactory safeguard against injustice. He considered it the part of wisdom for the medical profession to be followers, rather than leaders of the law.

DR. S. W. BUTLER, of the Philadelphia Lunatic Asylum, in this connexion, remarked that the law of Pennsylvania was exceedingly loose in reference to insane persons. A certificate of insanity could be made by any physician, and it was not necessary that he should swear to such a commitment. This was all the formality that was generally gone through with in order to gain admittance for any patient, although it was in the power afterwards of the Superintendent to discharge such an inmate if he was satisfied of his sanity.

JUDGE EDMONDS said that the important subject before the Academy was one of medical jurisprudence, in which the professions of medicine and law were necessarily actors, and it was quite essential they should act in union. It was the business of the physician to discover and establish the general principle, and of the lawyer to reduce that principle to a rule of action, for the law is a rule of action, and it is only thus that justice is administered with us.

Two questions are now, as ever when discussing this subject, uppermost. One is, "What is insanity?" and the other, "What are its earmarks?" Both are extremely difficult to answer; and yet, in answering them, the profession have hitherto traveled along nearly together—the rule of the lawyer lagging behind merely till the principle was worked out by the doctor.

The time was once when the physician found no treatment for insanity but chains and darkness, straw and a dungeon. Lo! the contrast with our present asylums! So the lawyer began by the rule that he only was insane who knew no more than the brutes. He advanced a step to the criterion of being able to count twenty. Then in his onward progress, the test became the entire loss of memory and understanding. Next, the presence of delusions was the criterion. Then the knowledge of right and wrong. Next the



knowledge of good and evil. Anon, he was regarded as insane who knew not the nature and quality of his act ; and at length the law had received, though not yet fully domesticated, the rule that insanity is when the mind has lost its controlling power.

The doctrine of moral insanity had first attracted his attention in Dr. Ray's earlier editions of his admirable treatise, and it had done so the more forcibly because of the difficulty he had encountered, professionally and judicially, in finding in the medical evidence the physical symptoms necessary to remove doubt.

Chief Justice Gibson, of the Supreme Court of Pennsylvania, in 1846 ; Chief Justice Lewis of that Court at an earlier period ; and Chief Justice Shaw of the Supreme Court of Massachusetts, at about the same time, had recognised a derangement of the moral, as well as of the intellectual faculties, as insanity. Supported by such authority, Judge E. said he had, in the case of Klein, adopted the principle as sound, and had charged the jury that "it must be borne in mind that the moral as well as the intellectual faculties may be so disordered by the disease as to deprive the mind of its controlling and directing power ;" and that, "if his (the prisoner's) moral or intellectual powers are either so deficient that he has not sufficient will, conscience or controlling mental power, or if, through the overwhelming violence of mental disease, his intellectual power is for the time obliterated, he is not a responsible moral agent, and is not punishable for criminal acts."

This was, so far as he was aware, the first introduction of the principle into the criminal jurisprudence of this State. But it had since received the sanction of eminent jurists, such as Judge Whiting, in the trial of Van Alstyne at Auburn, Gov. Seward, as counsel in that case ; Senator D. S. Dickinson in a trial in Chenango county ; the late Mr. David Graham in a trial in New Jersey, and Mr. James T. Brady in the Huntington case. And surely every one at all conversant with the administration of justice among us, must know that such an array of authority, and some of it from our highest criminal tribunals, must far outweigh a solitary instance in our Court of Sessions, an inferior tribunal, whose decisions are scarcely ever regarded as authority.

And yet it is upon that single case in the Court of Sessions that the learned essayist, not only in his paper, but now in this debate, persists in regarding the doctrine of moral derangement as excluded from our law ! The mistake was easily accounted for in a foreigner unfamiliar with our jurisprudence, but it was hardly worth while to adhere to it, after the statements in refutation made at the last meeting of the Academy.

It is far better that two professions should act in harmony with each other, and in a mutual spirit of forbearance, in exploring a region so much unknown, where every step was beset with difficulties, and where it was true that the physical or external manifestations were so powerless to produce certainty or repose.

But time and advancing science will do their allotted work, and we have but to wait with patience to find the doctrine fully incorporated into the law, and perchance even before it shall be fully received by the medical profession.

One difficulty attending the subject, and clearly and forcibly stated by Dr. Stevens in the course of the discussion, and which readily arises in every mind, is to be found in the danger that we may give to intemperate passion the impunity due only to uncontrollable impulse, springing from some cause which the will and the understanding can not govern.

The difficulty undoubtedly was very great, but he said he was confident it was not insurmountable. And the very question now presented to the Academy was, Is it insurmountable ? If physical symptoms were always present, or if, as this essay demands, were always to be required as indisputably to be present, all could see how easy it would be to overcome the obstacle. But in that large class of cases where the physical symptoms are not present to aid us, will it be said that profound knowledge of insanity, enlightened and trained understandings, and wise and patient investigation, can never by possibility distinguish between vehement passion on the one hand and an uncontrollable impulse on the other ?

Judge E. said he apprehended that neither of the professions were yet prepared to make such an admission, and until they were, it

would be their duty to see if full investigation could not establish a general principle of science, and a general rule of action on this very difficult point.

The great difficulty was to define insanity. He had thought of a definition which he would suggest to the Academy for their consideration, without pretending that it was correct, or enough to overcome all the difficulties of the task. It was this :—A sane man is one—

1. Whose senses bear truthful evidence :
2. Whose understanding is capable of receiving that evidence :
3. Whose reason can draw proper conclusions from the truthful evidence thus received :
4. Whose will can guide the thought thus obtained :
5. Whose moral sense can tell the right and wrong of any act growing out of that thought :
6. And whose act can, at his own pleasure, be in conformity with the action of all these qualities.

All these things unite to make sanity—the absence of any one of them makes insanity.

Judge E. discussed these propositions somewhat at length, then proceeded to the other point, viz., the indications of the disease. He said, if the paper under discussion was right in its demand that the symptoms it describes should in all cases be present to indicate insanity, the subject was shorn of its difficulty, and it would be as easy to tell whether one was insane as to say whether he had a fever or a broken leg. But he insisted that the paper was not right in that respect, but avoided the great difficulty attending the subject, namely, a large class of cases where these physical symptoms are not present to render us their aid.

He said he alluded to a class of cases where the party was fully conscious of the nature and quality of the act he was performing, and aware of the consequences, but was impelled thereto, against his own will, by some impulse which it was impossible for him to resist. He referred to some instances in illustration ; one in which he was himself the party. He was lying very sick, and during his illness he was waited upon with the utmost kindness and attention.

At one time he felt a strong impulse to reproach his attendant with want of care of him. He determined he would not say so, for he knew it would be both unjust and untrue. Yet when his attendant next entered his room, the impulse became irresistible, and he did say the very thing which at that instant he had determined he would not say. Suppose instead of a word it had been a fatal blow? Where was the physical symptom of the existence of that impulse? Was it in the physical disease? The physical disease with all its symptoms continued for days, but the impulse, by the proper remedies, was cured, and returned not again.

A man was once tried before him for murder, who was leaning out of a window talking good-humoredly to a friend, and a stranger came along, with whom a few words were exchanged, when the man seized a knife lying at hand, rushed into the street, and stabbed the stranger dead on the spot. There was no adequate, hardly any conceivable motive for the act. The victim was a stranger, and the accused had shown no symptoms of insanity, and was apparently in good humor. The deed was done in broad daylight, in the open street, and in the presence of many passers-by, so that there could be no hope of impunity. And the man when asked, "What on earth induced you to do it?" answered, "I don't know. I couldn't help it!"

Another instance is that mentioned by Dr. Percy, to-night. His patient has an irresistible desire to drink, though conscious it is wrong, and fully aware of the ruinous consequences of doing so. The Doctor said truly that it was only one out of many similar cases. Now here the defect is in the irresistible desire to drink, and not in the act of drinking, or in the consequences that may flow from the act. Those consequences may be shown by physical symptoms, but where and what is the physical symptom of that desire?

These were specimens of that class of cases which every one familiar practically with insanity knows do exist, and they were cases where the physical symptoms aid neither the physician nor the jurist, and the important question involved in this discussion is—What will you do with them?

DR. PARIGOT, in answer to the remarks made by Judge Edmonds and Dr. Brown, said that if the first proposition of his paper was admitted as good, the second must be right, since it is only the logical sequence of the first—that concerning the fifth proposition opposed by Dr. Brown, he thought it of the utmost necessity and strict justice for all parties that written documents concerning the existence of insanity should remain as proof of a past fact. Medical men by their scientific authority are the determining cause of a judicial decision, and are much interested in keeping good records; for instance, has it not been difficult even for men of great reputation to establish before courts the facts, *id est*, the symptoms that had determined them to have *dipsomaniacs* brought to asylums? Everybody knows that those symptoms are transient, and that under the influence of seclusion they sometimes disappear in a few hours. Even when a person was dead and buried, it was often of the utmost necessity to possess written documents. In a lawsuit which involved a large fortune left by a person whose will was disputed on the ground of insanity, he had been able with written documents (especially those of medical men) to prove the sanity of the testator.

Not only were such documents necessary in order to show the legality of wills, deeds of gift, and other transactions, but it was also very important to possess them in criminal lawsuits. He was sure that the profession at large would agree on the necessity of the reform mentioned in that proposition.

Respecting what the honorable judge had just said, he would remark that it was a great mistake to say to this Academy that physicians had once treated their lunatic patients with the use of chains, dungeons, &c. The reverse was the fact, for physicians having always been submitted to administrative authority, could not ever reform all abuses. History has established that physicians, and at their head the immortal Pinel, have the first broken all chains and instruments of torture.

As to the difficulty of ascertaining physical symptoms in diastrophia, that was the peculiar office of physicians and not of jurists. It appeared to him that juries and courts would be more satisfied



with opinions founded on pathology than with pure psychology, and that in difficult cases, such a line of conduct, if adopted by the medical profession, would give more liberty of action and appreciation to those who have to judge of facts and their criminality.

The meeting was then adjourned.

---

### DR. LUTHER V. BELL.

It is with profound sorrow that we record the death of DR. LUTHER V. BELL, of Massachusetts. In his death the medical profession loses one of its most prominent members, the psychological branch of it its undoubted head, the army an accomplished and invaluable surgeon, the State a brave and honorable citizen, and the church an humble and devout Christian man.

In the October number of this journal for 1854 we published a biographical sketch of Dr. BELL, from the pen of one of his professional friends, from which we gather most of the following :—

DR. LUTHER V. BELL was born in Chester, New Hampshire, December 30th, 1806. He was the son of Hon. SAMUEL BELL, a distinguished citizen of New Hampshire, who during his life “filled successively the high offices of Chief Justice, and Governor of the State, and Senator in Congress, in all of which he sustained himself with high reputation,” and “died in the quietude of private life in 1850, full of years and honors.”

DR. BELL entered Bowdoin College at the age of 12 years, and graduated in 1823. He received his medical degree at Dartmouth College in 1826, and subsequently pursued his medical studies in Europe. The degree of LL. D. was conferred upon him by Kings College, Nova Scotia. He commenced and pursued the practice of medicine and surgery in the towns of Brunswick and Derry, New Hampshire, with success in both departments, and interested himself largely in sanitary, and philanthropic measures tending to the

elevation of his profession and the general welfare of the people. In 1834 he was awarded the Boylston Prize Medal for a dissertation on the dietetic regimen best fitted for the inhabitants of New England. In 1835 he presented an essay on the *External Exploration of Diseases*, which forms the first third of the ninth volume of the *Library of Practical Medicine*. He subsequently put forth a small volume entitled, *An Attempt to Investigate some Obscure and Undecided Doctrines in relation to Small Pox and Varioliform Diseases*.

"About this period, the attention of certain philanthropic and enlightened citizens of New Hampshire began to be turned towards some better provision, or rather towards some provision for its insane. The success of the State Lunatic Hospital at Worcester, in the adjoining State, was rapidly being recognized, and the enquiries set on foot by Dr. Bell and his associates developed an amount of human suffering before unsuspected. Since that period the wonderful devotion of Miss Dix, and the labors of many others in various fields, have rendered what was then an almost incredible story of misery and guilt but a too stale and 'thrice told tale.' Among those who devoted themselves to this thankless and unpopular effort to induce the community to awake from its guilty lethargy, deserve to be enumerated the names of Gen. Peaslee, the present Collector of Boston, President Pierce, S. E. Coues, now of Washington, the late Charles J. Fox, and a few others. Time after time the Legislature refused the necessary sanction for an Asylum. Political leaders shrank from the expense, assuming, as they often do, a much lower estimate of the intelligence and moral worth of the people than the facts warrant. Eventually, however, these efforts proved successful, and resulted in the establishment, by private subscriptions and State aid, of that excellent institution, the *N. H. Asylum for the Insane*, the subsequent history of which is not unknown to the readers of this journal. The apprehensions of the most servile popularity hunter, that its cost would jeopard its position before the community, have wholly failed. Economy and humanity have been alike subserved by its establishment. Many and large individual bequests have already flowed

in upon it, and it forms the established nucleus upon which the dying philanthropist of the Granite State, anxious that his posthumous wealth shall be forever active in good, will long continue to heap his surplus means.

“DR. BELL was then sent as a member of the General Court from the town where he resided, by an overwhelming majority. His sole object in allowing himself to be placed in a political position—for all his avocations hitherto had been exclusively professional—was that he might subserve this object. His previous connection with it having been generally known, he was at once placed on the Special Committee having it in charge, and was desired to draw up a report, which might operate on the people—it being already certain that their representatives were not ready yet to sanction an enterprize which would require a first outlay equal to one half the entire amount of the ordinary annual expenditures for carrying on the civil government. His report upon the number and condition of the insane in the State, and the means of providing for them, was not only ordered to be published for distribution by the Legislature (which very body refused at that time to sanction the urged establishment of a hospital), an unaccustomed procedure in that State, but it was also reprinted in the Journals of both Houses, as worth perpetuation in the governmental history of New-Hampshire.

“The project for an institution was also pressed by him upon the people, by a series of articles in the leading newspaper and in various extemporaneous addresses, while the decision, which had been transferred to the people by the General Court, was pending.

“Dr. Bell and his associates, in their active and enthusiastic pursuit of this object, had determined to solve the then unknown problem of the extent of this calamity in our community. As New-Hampshire was a small State of only 300,000 inhabitants, and accessible to enquiry, it was believed that the statistics bearing on every relation of insanity could be ascertained with considerable accuracy. Letters were addressed to individuals in every town, who were ascertained to be competent and probably ready to answer the enquiries,—and these were repeated to others where failure occurred,—which

procured exact statements, not merely of the number of those deprived of reason, but of the precise history of each case, name, sex, occupation, condition, duration of disease, present means of protection, and the like. It is believed that in no example have the precise statistics of the insane of a community been so well attained, as in this first reliable endeavor to secure so primary and principal a basis in all subsequent efforts for their relief.

"The eventual success of this undertaking, under discouragements and delays of the most disheartening character, may well serve as a lesson of encouragement to all who now are or may be hereafter engaged in a really great and noble object of humanity, how certain it is to succeed after such a people as ours are fully and carefully advised of its merits and practicability.

"While attending a second session of the Legislature and pressing this object, he received very unexpectedly the intelligence of his having been appointed Physician and Superintendent of the McLean Asylum for the Insane, a department of the Massachusetts General Hospital. This institution, situated in a suburb of Boston, was then in the nineteenth year of its progress, having been the earliest one of the kind at the North, and had always enjoyed the highest reputation among the medical profession. Not having ever dreamed of the possibility of such a promotion, having made no application as a candidate, and not having any acquaintance with a single member of the Board of Trustees or indeed with scarcely an individual in the city, this honorable appointment came upon him with the utmost surprise. Having had little practical experience in such duties, he felt an overpowering diffidence in placing himself at the head of this oldest and best known hospital of the country, whose first physician, Dr. Rufus Wyman, had raised it to the highest grade of public estimation, and whose successor, Dr. Lee, during his brief stage of duty,—which had just been closed by an early death,—had enjoyed a rare degree of popularity.

"He was appointed during the latter part of 1836, and entered upon his official duties at the beginning of the next year."

He entered upon this new field with ardor and enthusiasm, and

devoted himself not only to the medical treatment of insanity, but gave his practical attention also to the architectural construction, internal arrangements and external surroundings of institutions for the insane, and, with other now distinguished members of the profession, in due time secured the introduction of those improvements which characterize the great advance since that period, in the increased comfort, better classification, diminished and modified restraint, more general employment and amusement of patients, and other various and multiplied means of moral and medical treatment now existent in American asylums. He was an early and earnest advocate for the introduction of steam and hot water and mechanical power as the proper and only suitable mode of warming and ventilating hospitals, and the McLean Asylum, over which he presided, was the first institution in which a circulation of hot water was successfully employed for warming a large inflowing current of air.

In 1845, on the solicitation of the Trustees of the Butler Hospital for the Insane, at Providence, Rhode Island, then in contemplation, the Trustees of the Massachusetts General Hospital, of which the McLean Asylum is a branch, gave Dr. Bell leave of absence to visit Europe, that he might, after comparison of the institutions of the old world, be enabled to devise a plan of Hospital embodying all that was excellent and desirable then known to the profession. After his return he presented the plan of that establishment, "which has so fully met the highest hopes of its friends, and sustained so honorable a rank in the catalogue of such charities."

He subsequently published a small volume entitled *The Practical Method of Ventilating Buildings, with an Appendix on Heating by Steam and Hot Water, &c.*, an Anniversary Address delivered before the Massachusetts Historical Society. Dr. Bell contributed to this journal from its commencement, and anonymously, for many years, to the *Boston Medical and Surgical Journal*. He was prominent among those who organized the Association of Medical Superintendents of American Institutions for the Insane, and was its presiding officer from 1850 to 1855.

From his first connexion with the McLean Asylum he was called



upon as an *expert* in cases civil and criminal, by friends and before courts, and his opinions always carried great weight. He was constantly requested to examine persons supposed to be insane, in the Massachusetts Penitentiary, and among all those transferred, under his opinion, to the State Lunatic Hospital during a period of eighteen years, there was no instance of mistaken judgment. His biographer writes: "Dr. Bell has been called upon the witness' stand in discharge of this most painful, responsible and thankless duty more frequently, in all probability, than any other individual in this or any other country."

In 1850 he accepted the appointment of Executive Councilor to Gov. Briggs, which after a year he resigned. In the Executive Council he was a member of the Committee on Pardons. "It so happened," writes his biographer, "during the term of service of that year, that some of the most memorable cases in the history of crime were brought before this committee, requiring its decision, which as customary was accepted as that of the Executive. Among these were nearly simultaneously two individuals of some extraordinary points of parallelism and antagonism. These were a man of the name of Daniel Pearson, convicted of the murder of his wife and infant twin children, and Professor John White Webster of Harvard University, under sentence for the murder of Dr. George Parkman, a romance of crime of world-wide notoriety."

Both of these cases were brought before the Council Board. The plea of insanity in the former was set up at his trial, and though not sustained the jury recommended him to mercy, on account of his "low condition of moral culture." He was a man of some education and property, and had, to a considerable extent, the sympathy of community. Dr. Bell in this case made an able report, "embodying all the facts, and the reasons for believing that any real mental disorder did not exist—as well as the untenable character of the grounds on which the jury had accompanied their verdict with a "recommendation to mercy." In the absence of disease, the horrible character of the crime, and the asserted "low moral culture" of the criminal, were no valid pleas, in the judgment of this distinguished

jurisprudent, and Pearson's dying declaration, admitting his attempt to feign insanity, was conclusive of his responsibility.

Professor Webster was a man of prominence, and held friendly relations to the Court, the Governor and his Council. The duties in this case were painful in the extreme. But his education and position, the passion and impulsiveness of the act, and the plea of "unexplained homicide," were of no avail. Law and justice were vindicated in the execution of both.

After an active and honorable service of twenty years, Dr. Bell resigned the position of Superintendent of the McLean Asylum, the state of his health urging this step. His resignation was reluctantly accepted by the Trustees, after fruitless efforts to induce him to continue in office with diminished duties and labors. In addition to impaired health from pulmonary disease, he had lost children "one after another, at the most touching epochs of parental attachment, and under the highest hopes." The death of his estimable wife filled the measure of his domestic sorrow.

Dr. Bell through life, though devoted to and honoring his profession, was, nevertheless, actively associated with all the varied interests of society and government. From the McLean Asylum he removed to his private residence, in Monument Square, Charlestown. Here indeed his life was not a retirement, as he was constantly consulted in cases of insanity and other cerebral and nervous affections, and on questions of a medico-legal character. His richly stored mind, his ripe judgment, his keen power of analysis, made him one of the ablest counselors in such cases. At the breaking out of the present unhappy rebellion in our country, he was among the first to offer his services to the Government. He went as Surgeon with the 11th Regiment of Massachusetts Volunteers, but was soon promoted to the position of Brigade Surgeon to General Hooker's division, on the Lower Potomac. He died in camp, quite suddenly, from pulmonary disease, February 11th, 1862. His remains were taken home, accompanied by Dr. Foy, Assistant Surgeon of the division, and the Rev. Mr. Parker, one of the chaplains, and several relatives and friends, and were received by a committee of distinguished medical men and citizens of

Massachusetts, and conveyed to his late residence. The Medical, Historical, and other societies of which he was a member, passed resolutions of condolence and loss, and the Governor convened the Executive Council of the State to do honor to his memory.

At the meeting of the Executive Council, the following preamble and resolution was offered :

“ *Whereas*, Dr. Luther V. Bell, formerly a member of this Board, and a distinguished citizen of this Commonwealth, and recently Brigade Surgeon in the Army of the Potomac, has been taken away by death, Therefore—

“ *Resolved*, That the members of the Executive Department of this Commonwealth are deeply impressed by the event as a great public loss, and that they will manifest their respect for his memory by attending his funeral.”

From the remarks of Hon. Alfred Hitchcock on the above, we make the following extracts, as showing the appreciation in which he was held.

“ The sad intelligence of the death of Brigade Surgeon Luther V. Bell, at the camp of General Hooker’s Division, on the Lower Potomac, February 11, 1862, now formally communicated in the resolution just read, seems to be peculiarly impressive, and worthy of special notice by the members of this department of the State Government. In addition to the fact that he formerly occupied a seat at this Board, he but a few months ago went forth on public service, clothed with a commission from the Executive of this Commonwealth, as Regimental Surgeon. His eminence as a citizen, his fame as a scholar, and his public renown as a medical philosopher, attest both the wisdom of his appointment and the patriotism of his acceptance. He was indeed eminent as a citizen ; and it was an eminence which alone belongs to pure and noble and honorable character.

“ In the departments of Hygiene and Sanitary science his wisdom was acknowledged, and his authority unquestioned. In the literature and jurisprudence of insanity he was without a rival ; and his opinions on questions of lunacy were usually accepted as final by populace, juries and judges. With the modesty and dignity characteristic of true greatness, he received the highest honors in the gift of his

professional brethren. In the literary or social circle he was affluent, instructive and charming; and yet he never failed to command respect and win affection. As a politician he was well versed in constitutional law; and as a partisan his candor and magnanimity were proverbial, and were usually confessed by his opponents. His reverence for law and love of country were radical and abiding principles in his nature.

"The profession to which he belonged, the Commonwealth he represented, the national army he served, will deeply feel his loss. His name and character will be held in sweet and sacred remembrance. Though dead, his example and fidelity to duty, and loyalty to country will long live as an incentive to survivors to higher and nobler purposes of life."

His Excellency followed with a few touching words to the memory of Dr. Bell. It was then ordered by the Governor, with the advice and consent of the Council, that the preamble and resolution be adopted, and that the same, together with a copy of the remarks of Dr. Hitchcock, be entered upon the records of the Department, and that the Secretary be instructed to furnish a copy of this record to the family of the deceased.

The public funeral ceremonies took place at St. John's Church, in Charlestown, Monday, February 17th, 1862, before a large audience. We take the following account from the *Boston Journal*:—

"The funeral services of the late Dr. Luther V. Bell, of this city, took place at St. John's Church, Bow street, on Monday afternoon, and were conducted according to the Episcopal form by the Rector, Rev. Mr. Lambert.

"Long before the time fixed for the commencement of the service, one o'clock, the church, except the body, which was reserved for the mourners and members of Associations with which the deceased had been connected, was filled to overflowing by those desirous of witnessing the solemn rites.

"In the body of the church were seated His Excellency Governor Andrew and his full military staff, His Honor Lieut. Gov. Nesmith and the Executive Council, Hon. John H. Clifford, President of the

Senate, Hon. Alex. H. Bullock, Speaker of the House of Representatives, a large number of the members of the Mass. Medical Society, Hon. Robert C. Winthrop, Col. Aspinwall and other members of the Historical Society, and members of the Academy of Arts and Sciences, His Honor Mayor Stone and the members of the City Council of Charlestown, all the past Mayors of the city, the officers and members of the Charlestown City Guard and Somerville Light Infantry, many members of the Legislature, and personal friends of the deceased from the towns around.

"A large number of mourners followed the corpse; among these we noticed Judge Bell, and Ex-President Pierce of New Hampshire, as also the children of the deceased.

"The solemn and impressive Church Services were read by Rev. Mr. Lambert, and at the close of the Prayer, the Rev. Dr. Geo. E. Ellis, an old and intimate friend of Dr. Bell, and associate member of the Historical Society and Academy, delivered the following appropriate, just and discriminating address:—

REV. DR. ELLIS' ADDRESS.

"*Friends and Mourners:* Before the solemn words which close the church service for Christian burial are uttered, committing dust to dust, we pause, for a few moments, to speak a tribute of grateful respect for an eminently honored, beloved and serviceable man. That dust has traveled homeward, for burial with mortal relics akin to it. But those fragments and remnants of mortality, shrouded with a martial pall, are poor returns to us for that fellow citizen and friend with whom we parted eight months ago; and that ensign is a strange mantle for one who was peculiarly a man of peace.

"Of many heroic and faithful men, fathers, sons, friends, patriots, the cherished dust, is, in these days of sorrowful war, carried to many scattered homes; and of many, many more there is a rude and hasty burial, on the distant fields where the vital spark left them by disease or violence.

"We will try to forget all but what we must needs remember of the aggravations of such afflictions, as we bow in brotherly and friendly sympathy over the mortal body which has been tenderly transmitted to us. It is all that is left on earth of Dr. Luther Virgil Bell, a Brigade Surgeon of the Army of the United States, who died at Budd's Ferry on the 12th of this month.

"The record of his life is pure and honorable. It is marked by many useful and laborious toils, by faithful service to his fellow-man;



by distinctions richly deserved and modestly worn; and by a Christian type of piety. That life was enfeebled by disease in its course, and it was not of the full span in its length. Born in 1806, Dr. Bell has lived fifty-six years. His birthplace and early home were in hill towns of New Hampshire. He received a careful training in literature, morals and religion, and a wise preparation for the duties and honors of life. A distinguished parentage, a household of brothers and a circle of relatives, filling the highest civil and judicial offices in state and national trusts, surrounded him in youth and fresh manhood with examples and influences to direct him to some prominent sphere and range of action. He graduated at Bowdoin College in 1823, and received a medical degree at Dartmouth College from the Hanover Medical School.

"After a brief and uncongenial trial of mereantile life in New York, he established himself as a practising physician in Derry, New Hampshire, and found the calling suited to his tastes and gifts. While filling the round of his work as a country practitioner, he was the successful competitor for a prize offered for an essay on the treatment of the insane. This proves how early and to what good results he had become interested in that department of medical science at the head of which he won his eminent fame.

"In that severely exacting service, requiring such rare endowments, and exercising patience, wisdom, the gentle sympathies, and the discerning skill of experience in ways and degrees of which but very few of any one generation of men are capable—in that service he spent the vigor of his life, and he left it, to the deep regret and after the long deferred consent of those who put him in the trust, only when compelled to do so by physical infirmities. He was eminently fitted for those arduous ministrations to the more grievous and prolonged afflictions of poor humanity. From 1836 to 1856 he had charge of the McLean Asylum for the Insane; a period of years during which many hundred patients were under his care. As we recognize the Divine will, mysteriously signified in the forms of mental malady, so we gratefully recognize the Divine goodness in training science to gentle and merciful treatment of such sufferers, and in endowing skillful and devoted guardians of the insane to represent to them the Divine compassion. I believe that it was the unanimous opinion, as it has been the expressed conviction, of that body of picked and faithful men who had the institution under their trusteeship and oversight, that neither in this nor in any country has there been a physician better suited by nature, and culture, and grace, than was our departed friend for that service which tasks all the best powers of the man, the professional expert and the Christian. During his discharge of that office he made a brief visit abroad, to inform himself about all the improved methods and experiments in kindred institutions.

"More than once, as I had occasion to see him amid the scenes and objects of his care for minds diseased and spirits moved from their poise, the thought arose within me that his Creator had cast the calm and attractive features of his face, and toned his voice with deep and gentle speech, that he might be fitted by nature, as he was trained by added culture, for the work to which he had given himself. He used his place of toil and responsibility as a school for profound study, and sought to reach the highest philosophy of health and soundness for the mind and soul amid examples of the disease and wreck of our nobler part. His researches were wide and deep. He had a peculiar element in his own intellectual and spiritual composition which directed his interest toward inquiries which some call visionary and empirical. But there was no lack in him of the sternest and most solid qualities of the reasoner and the philosopher. He labored by day and rested by night, the guardian of many hundreds of his own race committed to his sympathy and skill. That he advanced the principles and methods of the science to which he devoted himself is well known to you all.

"Before resigning his trust at Somerville, he had been bereaved of his wife and his eldest child, a youth in college. When he came and erected his dwelling here as a private citizen, he was a stricken and enfeebled man. Pulmonary disease had left to him nothing of bodily vigor, though it spared his cheerfulness and hopefulness of spirit, and his keenest activity of mind. We saw in his face that he had been a sufferer, and his invalided form and measured gait deepened the respect and quickened the sympathy which his neighbors turned toward him. He was freely consulted at his home in behalf of sufferers belonging to a class to which he had been ministering more than a score of years. When ordinary professional sagacity was baffled, and household affection had exhausted its ingenious arts and its patient endurance, the last resort was to him. The State also enlisted his service on a commission for one of its great hospitals, and the courts of law frequently required his testimony in judicial processes. He kept a fresh interest in broad investigations and in improving pursuits. He was an inquirer after truth in nature and in life, in art and science, in social progress, in politics and in national affairs, in things spiritual and divine. He was chosen to a membership of societies engaged in the highest departments of science and literature, and he greatly prized their fellowship and opportunities. He presided over the Massachusetts Medical Society in 1857. He had served the State as a Representative and an Executive Councilor, and he shared the successes and the disappointments attaching to zeal like his own in political struggles.

"It seemed to us as if he would have spent the remnant of his days, long or short, as Heaven should order it, here in the quiet, yet not the rust, of a deserved but fruitful repose. He did not belong to

that political party whose triumph was nominally the occasion of our civil war. He deplored the agitations and the collisions which preceded this dreary conflict. All the more, then, should we honor the patriotism to which he devoted his life when the dread reality broke upon us. His was a touching instance of what we describe, however, justly as a triumph of the mind or soul over the body. To us, his neighbors and more intimate friends, the knowledge of his intention to offer himself for professional service at the scene of war, was a surprise. He prepared himself for the special exigencies of that service by a brief but earnest period of attention given to the principles of Military Surgery. He was already a proficient in Hygiene and Sanitary Science. Since his departure, as the Surgeon of the 11th Massachusetts Regiment of Volunteers, we had not ceased to speak of it as an instance of self devotion hardly to be approved. He was himself a subject of medical advice and treatment, and the care of his own remnant of health must have been as exacting a task upon his own daily efforts as any but the most emergent services for others. We had seen him as he coursed our streets in company with the little children, for whose tender and wise training he had as a father to be also as a substitute for a mother.

"We very soon heard of him in the full discharge of his dreadful but merciful office. I will read a few sentences from a letter which I received from him, dated less than a month before his death: 'I have seen a vast amount of malarial disease, and the whole volume of military surgery was opened before me on Sunday afternoon, July 21, with illustrations horrid and sanguinary. 'Sudley Church,' with its hundred wounded victims, will form a picture in my sick dreams so long as I live. I never have spent one night out of camp since I came into it, and a bed and myself have been practically strangers these seven months. Yet I never have had one beginning of a regret at my decision to devote what may be left of life and ability to the great cause. I have, as you know, four young motherless children. Painful as it is to leave such a charge, even in the worthiest hands, I have forced myself into reconciliation by the reflection that the great issue under the stern arbitrament of arms is, whether or not our children are to have a country. My own health and strength have amazed me. I have recalled a hundred times your remark, that 'a man's lungs were the strongest part of him.' It has so proved with me. Had I another page, I should run on with a narrative of my exploits on horseback, excursions, reviews, &c., which sometimes make me question whether, in the language of our 'spiritualistic' friends, I have not '*left the form*;' and, certainly, I have entered on another '*sphere*.'"

"He has indeed left the form, and entered upon another sphere. If the mercy needed by all who pass thitherward from the earth, and if the felicity there provided by the Divine Love, allot the meas-

ure graciously granted of each according to the spirit and the purpose which have guided this life, we may hope that our friend has found forgiveness and peace. He had the limitations and imperfections of our common humanity. If he had any special feelings, I know not what they may have been. He passed through a career of varied trusts and labors. A rigid integrity ruled in his heart. Dignity, courtesy and gentleness marked his relations with others. Strong and kindly affections attached him to his friends, and friends to him. Great confidence was reposed in him. He performed much and most difficult service. In the distribution of gifts parted among his children by the God of all, he had an eminent share in that special gift which furnished the divine anointing of the Lord our Savior—the gift of compassion and skill for wise and tender ministrations to the wretched. He knew that he was about to die. He was ready and resigned. He had hope in his death, for he believed in Him who is the Resurrection and the Life.”

---

## BIBLIOGRAPHICAL.

---

*Die Brandstiftungen in Affecten und Geisteskrankheiten: ein Beitrag zur Gerichtlichen Medicin, für Juristen und Aerzte.* Von DR. WILLERS JESSEN. Kiel: E. Homann. 1860.

*Incendiarism in Mental Affections and Diseases: a Contribution to Legal Medicine, for Jurists and Physicians.* By Dr. WILLERS JESSEN. Kiel: E. Homann. 1860.

[Concluded from page 305.]

THE following cases, among others, are brought forward by Dr. Jessen in illustration of incendiarism in the various forms of mental disturbance included under the term melancholia. We give an abridged translation of several, and first those cases illustrative of simple melancholia (*trubsim*, lypemania, melancholia tristis).

*Michael Karl, 32 years of age, son of a peasant, melancholiae: Incendiarism on the 18th of June, 1843.*—M. K. was the son of

healthy parents ; his grandfather and his father's sister had suffered from mental disease. He himself had always been sound, and had attended school with success, but was always laconic, morose, still and reserved. Later he complained that his parents were partial to his brothers, refused to give him as much money, and were false to him.

In 1840, because he could not agree with his father, he entered the service of a shoemaker, and conducted himself for some months quite reasonably. But in the month of April, he suffered one day in the field an attack of mental disturbance. As he was bade to bring a sack, he broke out suddenly into a fit of loud laughing, threw the sack in the air, ran up to his master, and said, "I must set free the poor soul of my father's brother;" hereupon he sought to embrace every one. As from this moment he did everything wrong, he was dismissed from service, whereupon he returned home, laughed constantly and talked crazily, became soon very still and unsociable, but nevertheless performed his labor obediently for a whole year. He often went to church, but would go no farther in than the bell-fry, where he would commonly remain sitting on a confessional chair. Often he would break out into tears, and at times assert, "I shall never be right," and that there was no help for him. For two years he had left off work altogether, and remained for the most of his time fixed stupidly in bed, and arose only for his meals, which he would eat by himself alone ; was silent, and always stubborn, and for weeks together would not utter a syllable ; seldom answered questions, but when he did so the replies were reasonable. At times he went silently to the fields to take care of the oxen. At times he grieved over his condition, and complained, weeping. His head pained him, his gait was slow, and he sighed frequently.

On the forenoon of the 18th of January, a girl 9 years old saw him come from his father's house with a dish of coals in his hand, and go to the stable of a neighbor. She watched him, and saw him kindle a splinter at the fire and apply it to the hay. Hereupon he threw the dish upon the barn-floor, laughed loud, and said to himself, "You have done very well;" whereupon he went out into the field.



Before the court, he made answer to every question, "I do not know." More than this was not to be got from him. The examining physician found his countenance pale, the stroke of the heart prolonged and sluggish, the skin cold and the bowels costive, the sleep quiet. He stood for hours long in the same place, leaning upon his shoulder, or sat upon his bed with his head bowed down and his eyes fixed.

The generative organs were normally developed, but the testicles were small. The physician pronounced him melancholic, and entirely unaccountable: the sentence is not given.

The following case, among others, is given in illustration of incendiarism in another form of melancholia; viz., melancholia with anguish, *melancholia anxia*, (*præcordialunruhe*.)

*E. B.*, aged 16 years, servant maid, melancholia with anguish, catalepsy: Seven incendiarisms, on the 18th February, 4th, 12th, and 14th of March, and 2nd of April, 1850.—The patient sprang from a healthy family, in which only one uncle had suffered from melancholy. Her father had died of inflammation of the brain, three years previous; her mother was living and healthy. The girl herself had always been healthy, aside from an attack of gastric fever three years previously; was of an ardent temperament, contented, modest, active, and regarded as blameless. She had only been able to attend to school irregularly in winter; in summer she had to serve as cow-herd, from her eighth year. For this reason she had scarcely learned to read. Notwithstanding her early removal from home, she had never suffered nostalgia. On the contrary, she had seldom visited her home, according to her own free confession. In her 15th year (spring of 1849), she entered the service of Mrs. W., widow of a miller, and there had conducted herself well, when about five or six weeks before Christmas, she was seized with convulsions. The attacks were very similar according to various descriptions; came on mostly in the morning, when she became unconscious, sank down and remained for hours in a cataleptic condition. The eyes were open, the pupils dilated, the eye-balls some-

times rolled from side to side, the eye-lids at times sank down, the lips and jaws were spasmodically closed, the limbs were flexible but not moved spontaneously, pulse and stroke of the heart imperceptible. After these attacks she complained of pain in the head, which left her about midday. She was not suspected of simulation; all medicine was useless. At the time the organs of generation were slightly developed, and menstruation had never taken place.

Her mind and disposition were not perceptibly affected by these nervous affections, but she worked quite as well as before the attacks, which, in the mean time, were very frequent, returning at least every second day, seldom twice in the same day.

Any nearer connection between these attacks and the incendiarisms could not be traced. In one instance she set fire to things in the afternoon, after having completely recovered from an attack in the morning.

As motives for the incendiarism she gave her anguish, and an irresistible impulse to the act. The first she had lost as soon as she had set fire to things; she then became sorrowful, and had contended with herself as to betraying it, and rejoiced if a great fire had been prevented, as was twice the case. But if a great conflagration arose, as was five times the case (when eight buildings were destroyed by her guilt), she wept, helped in the rescue, but the perceptible terrors she experienced from the consequences of her deeds did not prevent a repetition of the same, or sensibly affect her.

In the accomplishment of the acts she conducted herself so circumspectly as not to be discovered or suspected. The unembarrassed manner in which she went about her employment after the deed, and until the fire was discovered or observed by herself, was particularly remarkable. The manner of accomplishing the act varied. Frequently circumstances favored her. For example, she was employed at the time in the barn with a light; at other times she *sought* her opportunity, and used cunning. The first attempt she made on the 17th of February, at 7 o'clock in the evening, but the fire was extinguished. At 10 o'clock on the 18th, she set fire to the house of her employer. On the 4th of March, she set fire to the barn,

and also to another on the 12th. On the 14th, she set fire to the house of a brother of the miller's widow, in which she had lived together with the owner. She then returned to her mother's, and entered the service of a farmer, and set fire to his house on the 2nd of April, whereupon she was arrested.

No motive could be discovered for these acts. She neither suffered from home-sickness, nor was she on bad terms with the widow, where she had been treated very kindly. Even she herself had lost in one of the fires a not inconsiderable amount of clothing. She was arrested only because she had been present at all the fires, and frequently had been the first to observe them. On arrest she was remarkably quiet and collected, declared that she was not guilty, whereupon a soft sigh would break forth; suffered herself patiently to be taken to prison, where she wept pitifully, and lamented over her innocent misfortune. At her examination she was quite unembarrassed, did not seek to fasten the least suspicion upon any one else, but simply denied that she knew anything of the origin of the fire. Her assertions were clear, and not inconsistent with those of the witnesses. These did not know of the slightest thing to fasten suspicion upon her; for, only about eight days before the first incendiarism, she had complained of great anxiety, and would not willingly sleep alone any more, because she believed that something would happen to her, and after this asserted that she heard the widow W. calling out, "Boys, boys! fire, fire! water, water!" By all the witnesses, therefore, she was held guiltless and incapable of such a criminal act, and her guilt was only established by her being induced to make an open confession to a priest. The experts declared that there was no pyromania, inasmuch as the symptoms of that disease given by Henke were not to be found, and she suffered from no psychical disease whereby her reason had been disturbed. On the contrary, in consequence of imperfect instruction, and neglect of proper bringing up, as also on account of the period of sexual development in which she was found and the concomitant convulsions, impending mental defect was imminent, and should be taken into account in determining the responsibility. Already, in the course of the first examina-

tion, her understanding appears to have been affected, judging from some circumstances which took place in the prison, and from some statements of her counsel after the trial. She had ringings in the ears, vertigo, illusions of hearing ("You must burn down the house," &c.), and suffered from home-sickness. A new examination of her by the experts was instituted in the beginning of November. These found her physically very much changed. She was no longer frank and lively, but reserved, laconic, taciturn and depressed; yet by repeated questionings a connected reply could be obtained from her. Bodily she had become gross and strong, and appeared healthy but pale.

Her courses first appeared on the 4th and again on the 14th of June, and both times continued to flow sparingly for two days. Of their continuance nothing is said. For three months she had had no convulsions, but one occurred while the physician was examining her. This differed from the others only in the numbness of the extremities. Her pulse was 104. Sprinkling with cold water produced shudderings and other reflex actions; medicines had no effect. The attack lasted for two and a half hours, and had the same after effects. The attacks from this time were frequently repeated, in consequence, it would seem, of mental disturbance. The occurrence of such in two instances were predicted truly by the previous mental disturbance.

The opinion of the experts remained unchanged, and in consequence she was sentenced for eight years to the workhouse. Appeal was made, and the case was brought before the Chief Medical College (*Uebermedical-Collegium*). The College regarded the psychological disturbance as somewhat marked, but the use of reason as not entirely destroyed; it had nevertheless been much weakened, and the lessening of the accountability was sufficiently apparent. The court of appeal sustained the previous sentence.

*Mariana B., 16 years of age, servant maid, melancholia with anguish: Incendiarism on 17th August, 1828.*—M. B., early deprived of her father, a day-laborer, had grown up under her mother, who was supported by charity. Her bringing up was in every res-

peet imperfect, for she had not only received so little school instruction that she could neither read nor write, but her religious knowledge was very imperfect, for she had never attended but two days upon this. A dark conception of God, and a few prayers which she thoughtlessly mumbled, were all the religious knowledge she possessed. The meaning of the Lord's Supper she did not know, although she had been allowed to come to it three times. In her 16th year, she entered the service of a shepherd, as nursemaid. At that time she was stunted in growth, sickly, weakly, and had never menstruated. Formerly she had often been affected with open sores of the neck, and during her servitude was frequently sick, bed-fast and of but little use for work. She complained of inward pains and disquietude, without being able to give a more accurate description of her condition. Several days before the incendiarism, according to her confession, she felt disquietude and anxiety, and as though driven on irresistibly to incendiarism or suicide. On the morning of the 11th of August these anxieties and suggestions were stronger than ever before, and at the same time she felt hurt by some abusive words from one who lived in the same house with her. Therefore she could no longer withstand the impulse to burn. On some pretense she obtained coals from the fire-place, put them in a piece of cloth she had obtained for the purpose, ran up to the garret and stuck them in the straw roof. Hereupon she hastened down, and gave her employer the first intimation of the fire. She was now immediately free from the anguish which impelled her to the act, sorry for what she had done, and hoped to conceal the consequences of it. But as an alarm of fire had arisen in the mean time, she ran frightened into the village. It is not said whether she returned the same day to her dwelling. When she was sought after to be brought back, she was found hid in an oven, and being drawn out she made a full confession of her deed.

She was pale, of small stature, and weak build. The development of the sexual organs and menstruation had never taken place. She had many scars upon her neck, and she groaned much in her sleep. Her mental capacity was very limited. She frequently gave



no answers to questions till they were repeated and varied. Respecting past occurrences, it was only with the greatest difficulty that she could give the most imperfect information. Her expression corresponded with this; she appeared silly and indolent. She regretted her act, and when reminded of it was downcast, ashamed and feared punishment.

The medical opinion was, that she was unaccountable. The court ordered her to be given over to a public institution till the corporeal evolutions were completed.

The following cases are given in illustration of incendiarism in partial insanity and distraction (*verwirrtheit*).

*N. M., a maid, aged 12 years; hysterical attacks with partial insanity and hallucinations: Four incendiarisms. (L. Meync, in Union Medicale.)*

N. was the daughter of poor but much esteemed parents: she was in the highest degree irritable and nervous; her understanding was but slightly developed; a short time before her incendiarism she had visions, and said: "I saw the Holy Virgin. She spoke with me, and I shall soon go a second time to the Lord's table." Soon after she partook of this with great fervency.

Upon the accomplishment of the incendiarism it was remembered that four fires had occurred in the immediate neighborhood, and the maid, it seems, in carrying out her plans had set fire to the dwelling of a neighbor who was quite blind. She, by the cries of the maid in passing by, had no doubt a stranger had entered the house, as she in her terror had thought she heard two speaking together. N. asserted that she herself had seen the stranger, and had been threatened by him with a beating, and by this brought suspicion upon herself. Arrested, she at first denied everything with great presence of mind, but subsequently confessed the deed, and declared that she had been incited to it by an uncle, but finally confessed that no one had induced her to set fire to the house, but she had done so for her own gratification. One of the examining physicians, who observed her for two months, found no symptoms of mental alienation aside

from the disturbance which resulted from the hysterical attacks. For several hours after these attacks she knew no one, abused, threatened, and dealt blows about her, and showed strong agitation and delirium. In this condition she believed she saw fire, which she regarded with wonder.

The second physician, who, as it appears, saw her later, observed at first a condition of sorrow and melancholy; then likewise hysterical attacks, and delirium and hallucinations following them. In one attack she raised her eyes to the wall and cried, laughing: "Oh! how beautiful is that! how beautiful that fire!" When she was asked by some one if she would again set fire to things, she replied, "Oh, indeed! it is so beautiful, that fire!" When a light arose she became violently excited, and would rush toward it. N. was at first sentenced to imprisonment for ten years in the house of correction, but the sentence was set aside.

*V., farmer, persistent misconceptions with hallucinations: Incendiarism, and two attempts at homicide. (Guislain, Leçons Orales sur les Phrenopathies.)*

A fire broke out towards evening in a tenement dwelling at Audenghem, and laid it in ashes. People saw a man go from the burning place to a neighboring house, and recognized him as one of the dwellers there. He alone of all the neighborhood failed to hasten to the fire, and people quietly pointed to him as the incendiary; but the justice took no notice of it. Soon after this, a vicar at Lermonde, on his way to church, was struck with a knife in the leg, and saw the homicide kneeling before him, who ran away. Subsequently the tenant who was burned out was the subject of an attempted homicide, in the neighborhood of the church. The incendiary was also the perpetrator of this deed. He had premeditated it, he said, for a long time, and never had he suffered greater regret than at the attempt proving abortive. Suspicious and revengeful for four years, he felt, he said, an inward impulse to crime. Since four years, he asserted, the priest had sought to do him and his family some injury. By a process, which he understood, the priest had sought to make him and his doings of less importance than his neighbors. His ene-

mies, he said, did not appear to him in person, but as apparitions placed opposite him. V. did not belong to the indigent class, but to a family of wealthy country-people. He confessed to have weakened himself much by onanism, and that he had great fears about his mental or spiritual recovery. He read much in books of devotion. People had observed that for the last five years his habits had been completely changed. His sister had regarded him as insane during that time. People often heard him howling, and a strong sorrow wasted him. His intelligence appeared, on the whole, to be but little if at all disturbed; his answers were suitable and clear. The tone of his voice, his mien, gait, and behavior did not point to any mental disturbance. In the mean time this disturbance nevertheless existed, but limited to a certain circle of ideas. V. suffered from perverted conceptions and hallucinations. He was inspired, and spoke of a conscious power from above, which presented plans of revenge to him, in the carrying out of which he possessed a certain undetermined power. He, indeed, named persons who had appeared to him in his imagination, and whom he believed himself to have seen truly and distinctly; and he also heard noises and voices. All his ideas respecting these appearances were in a remarkable degree disconnected and inordinate. He confessed every thing he was guilty of, went into all desirable particulars, and comprehended the consequences of his actions; but through his confession there gleamed that indifference, that deficiency of penetration, that want of precision common to all (?) mental diseases.

V. exhibited, nevertheless, all those signs of partial mental disturbance which, though we may not be able to attribute them to a distinct pyromania, belong notwithstanding to monomania and persistent misconception (*verfolgungswahn*).

He appears to have carried the germ of his disease for a long time in his mind, although it had not made itself apparent by any overt act to those about him.

Guislain declared that imprisonment and a judicial trial would be hurtful to the patient, and that he should be placed in an asylum, as he appeared curable. In consequence of this opinion he

was not brought before the assizes, but placed in an asylum at Ghent.

The following, among other interesting cases, is given in illustration of mental distraction, or delirium in all directions of the mental activity, (mental confusion, disturbance, *verwirrtheit*.)

*Podiven, 52 years of age, day-laborer, delirium: Two incendiarisms from revenge, on the 27th and 29th August, 1845. (Annales Medico-Psychologiques, 1846.)*

Podiven, whose father had died in a state of complete mental imbecility, was of very slender capacity, and had moreover received a very imperfect education, and could neither read nor write. As to his youth, no authentic information was to be obtained. When about twenty years of age he had worked with a gardener, who had found him not irrational, sober and quiet. The first attack of disease he had thirty years previously. He left his work suddenly, and was missed for fourteen days, but appeared again, pale and wasted; he said nothing in particular about his condition. Since that time he had given much evidence of mental weakness and singularity. He seldom worked, neglected entirely his little property which he had inherited, and only employed himself occasionally as a day-laborer. Subsequently, the attacks came oftener, and the lucid intervals were more rare. At these times he wandered about the fields and woods, slept in barns or in the forests, and ate and drank nothing as far as could be discovered, and at last came home appearing miserable, weak and lean. Twelve years previously he had married, although even at that time his family were suspicious of his condition. Toward his wife and children he had ever conducted himself indifferently.

Two years previously he had hung himself to a tree, but in his agony grasped the halter and called for help. He gave out that he had been commanded to hang himself. A month previous he had threatened his wife and family with death, and they fled in the middle of the night to a neighbor. Many times he had threatened to burn out different persons, but this he denied. Six weeks before the paroxysms came upon him particularly strong, he ran about the fields as one senseless, returning usually at night to sleep in his barn

upon the hay. On the 26th of August, he remained all day in a small woods near his house. To his children, who had been sent out to him by his wife, he said he "would return into his hole," and as he came back at twilight to his barn his wife heard him say, "This day is my last; I must die."

On the 27th of August, at 10 o'clock at night, he set fire to a stack of straw, and on the 29th to a stack of oats, both belonging to the Widow Ganet. After the incendiarism, he laid down upon the hay in his barn, and was found sleeping there at 2 o'clock on the morning of the 30th, and arrested. The former threatenings he had thrown out were the sole cause of suspicion. At his first examination, on the 1st of September, he denied every thing; some days after he made a full confession. The day of the week and the date of the incendiarism he did not know, when questioned as to them. He had repeated the act because at first he had not seen the grain-stack. He did not contemplate a repetition of the act. He had denied because he had feared to compromise himself. Several days before he had been sick; what sickness it was he did not know; he had often had it, and could not work or eat, and remained three or four days or more away from home, and would see no one. He regretted his deed, but did not know why. The question if his neighbors regarded him as mad, he answered in the affirmative; and to the question if he considered himself to be so, he answered, that he often thought he had not his reason. As a motive for his deed he gave revenge upon the Widow Ganet, who had done him injustice; her sheep had fed upon his acorns, and she had many times accused him unjustly of stealing. He had cited her before the justice of the peace, but had obtained no satisfaction; therefore he had taken vengeance upon her property. He did not know what to say further in his justification, but if set free he would not repeat the act, and would be very glad to see those who belonged to him again. At the same time, he said, upon a future occasion he hoped to have more complete satisfaction. Taken to prison in November he remained for a month completely dumb, appeared unquiet and distracted; staring, torpid and purposeless. When in the end he broke silence,



his answers were quite unintelligible, in monosyllables and badly articulated. He was quite incompetent to learn the simplest labor. His fellow-prisoners soon observed that he was stupid, teased him and overpersuaded him, at one time soaked his cap in urine and made him believe that it was lye, &c.

The first medical opinion was, that Podiven was not in full possession of his mental faculties, but that he would not remain long in a state of transition. The second, that, though neither insane nor idiotic (*blodsinnig*), he did not possess complete and unfettered spontaneous direction, and was therefore unaccountable. He was thereupon set free by the jury, but the State's attorney raised an objection, and they declared that the deed had been done in a state of imbecility (*demence*). He was therefore taken to the Orleans Asylum.

The fourth and last division of Dr. Jessen's work is devoted to "Incendiarism in Drunkenness and Epilepsy." Several fully reported cases are brought forward in illustration, but space will only allow us to translate one case under each head.

*Daniel B., 42 years old, mason, drunkenness: Two Incendiarisms from Revenge, on the 27th Dec., 1821, and 10th Feb., 1822.*—D. B. in his 13th year fell so heavily upon the ice as to be senseless for some time, and vomited when he arose. He only suffered a contusion from this, and was able to go home alone. After this he suffered from severe pain in the head over the left eye, which was severely inflamed. After he had learned the trade of a mason and set forth as a journeyman, he suffered during nine weeks from severe pain in the head; then he was attacked by gout, which left his hand crooked, and he took to drink. In his twenty-fourth year he suffered again about as long from pain in the head, and was moreover thrown down by a comrade so severely upon a rut in the road that a scar remained.

In his 27th year (1814) he was taken up in Landau on suspicion of being a spy of the Allies, and for a long time was in such anxiety about being shot that he was deprived of his senses, and did not remember what took place during the siege.

In the summer of the same year he was compelled to give up his work in Heidelberg, on account of severe and repeated pain in the head, and to go back to his home in Meiningen. Here he entered the army, and, in 1815, took the field, but soon came into the hospital for five months, on account of pain in his head and lameness of all his limbs. The pains in the head (which, at a time not given, had become particularly severe on the cessation of hemorrhage from the nose), light attacks of gout, hemorrhoidal complaints, and much disturbance of the digestive functions, had, for the last six years, constituted his diseased physical condition. This also caused a confusion and disquietude, which made him restless and unfit for labor. He said that he had had for the space of three or four weeks, by night and by day, a feeling of anguish, and a sensation of rattling in the cavity of the chest, whereby he had felt as though constrained to throw himself into the water and struggle out of it, to creep into a thorn hedge, to climb the roof of a house, indeed, at one time to run from M. over past Suhl to Oberdorf, there to climb up into a fir-tree and pass the night. On awakening in some such uncommon place of resort he would sometimes try for two or three hours to recollect how he came there. Moreover he was much given to drink, for, according to reports, he could only keep himself sober for six or eight days at a time. As soon as he had taken schnapps he was not to be kept in, but ran out to obtain more, and would continue to drink for two or three days together.

On the evening of the 27th of December, B. had drunk on the whole about nine ounces of strong spirits and a can of beer, and had come about midnight to the house of a publican, named W. Here, finding that the light had been put out, he was very angry, and after drinking more spirits, which he had by him (a part of the above quantity), he felt himself greatly confounded and perplexed, although he did not appear drunk to the witnesses. It suddenly occurred to him, whether through anger or evil-mindedness he did not know, to set fire to things. "Before I came to W.'s barn," he said, "I did not know what I would do; but as I found the door open I went in, and then it occurred to my mind to kindle some tinder at my pipe,

wrap it in paper and scatter some fodder upon it, and leave it there that it might burn." "It may burn or not," thought he, and went away and laid down to sleep. Awakened soon by the cry of "Fire!" he ran to the place, and helped actively in the rescue.

On the evening of the 10th of February, after he had drunk a glass of beer and schnapps, he came to the house of S. Here it occurred to him that two years previously he had been abused by S., and called a "miserable fellow," when he had never done him any harm. Thereby, he said, the confused idea of setting fire to the stable of S. came into his mind. The carrying out of the idea and his subsequent conduct were the same as in the former incendiarism. Afterward he sought to excuse his conduct by drunkenness, but this had not been observed at the time by witnesses.

Schlegel on examination found him employed in flax-spinning, healthy in appearance, and of strong build. His memory and understanding were not disturbed; the pulse weak and somewhat quick, the appetite good, bowels relaxed, but when the hemorrhoidal bleedings were upon him, or about to take place, his motions were infrequent and hard. He complained of weakness, and of uncommon disturbance of his sleep by dreams, in which otters, serpents and toads bit him.

Schlegel declared that B. was fully accountable, that the incendiarism occurred through drunkenness, and that otherwise he regarded him as essentially sound. The sentence is not given.

Under the head of "Incendiarism in Epilepsy," we have five cases reported *in extenso* by Dr. Jessen. We have only space for the following admirably and no doubt truthfully reported case, taken from the *Zeitschrift für Psychiatrie*, 1857, p. 227:—

Natalie X., 13 years of age, epilepsy, melancholia: Incendiarisms on the 7th of April, 17th of July, and 20th of September, 1855.—N. X., daughter of a master-butcher in Grandenz, from a family otherwise healthy, was seized in her 4th year, after a spasmodic cough, with epileptic convulsions, occurring chiefly at night. In her 7th and 12th years these ceased for a time, but returned again,

and on the whole were stronger and more frequent than ever. At the time of the examination she had had twenty attacks within the space of forty days : sometimes she had two or three attacks on the same day ; at other times she would be free from them for a period varying from one to eight days. The attacks lasted for about a quarter of an hour, and presented the usual symptoms. For the most part they were followed by a deep sleep, sometimes by a pretty severe hemorrhage from the nose, sometimes by excitement during which the patient was very restless, sometimes doing this, sometimes that, wandered about and talked much. Since her 12th year, people had remarked a change of character in her. She attended school willingly, and by means of good powers of comprehension and memory made good progress, but she showed the greatest inclination to mischief, evil and dangerous tricks. In school she disturbed the instruction by crying out, pinched her neighbors, stuck them with needles, &c., and for this reason had to be separated from them. She stuck her father's horses dangerously, and let a savage dog loose from his chain, cut up one of her own new garments, wounded herself about the neck and region of the heart, and repeatedly set fire to things in her father's house.

Brought to the house of an aunt she arose secretly in the night and stuck hair-pins into the eyelids of the children, and intimated that she had intended to put their eyes out. Punishment was of no avail : she received the blows as one quite destitute of feeling. When called to account she gave out that she could have no rest, she must do these things ; she would take life, a voice from within said to her continually what she should do.

Commonly her conduct was gentle, modest and conciliatory. The maid knew how to make herself agreeable by small services. To the ladies and housekeeper she seemed anxious to learn. Before her employers she recited poetry, and to the children she told stories and helped them in their lessons. She read fluently and wrote well. Upon subjects of religious instruction she could express herself understandingly, could reckon some, answered understandingly, only a little knowingly (*altklug*), in short was sufficiently developed men-

tally. When she could not or would not answer a question she was persistently silent. She showed uncommon obstinacy in repeating her wishes when these were set aside, and great and dangerous violence when contended with. Upon one occasion she rushed upon a girl who had teased her with a knife, and avowed the intention of stabbing her. A childish inclination to play with dolls was also remarkable in her, which did not accord with the development of her mental power, and her already very significant erotic paroxysms.

On the 24th of March she was brought to a "wonder-doctor," one Kathner Radtke, who had had her in care before. Here on the whole she conducted herself well, even insinuatingly. But on the 7th of April she was seized with violent anguish, and saw a white figure which she took for a ghost, and perhaps for the devil. At the same time a voice within her breast said to her that she must set fire to things. Now as she was standing in the afternoon before the door with Amelia Radtke, a girl 13 years of age, she sent the latter away under a pretext, then repaired to the barn, where she set fire to a bundle of straw by means of matches, which she had carried with her for some time. Her playmate returning saw her standing before the barn, out of which a strong smoke proceeded, and with her face turned toward the barn looking fixedly at it.

To all questions she made answer in monosyllables, laid everything to her anguish and the voice within her breast inciting, threatening and even abusing her. She persisted in keeping silence, and did not alter her intentions. Afterward she asserted that she had thought God would punish her offences, but at the time only declared that she knew from her catechism that setting fire to things was not allowed. In the mean time the voices had commanded her. Hereupon she began to recite, showed her knitting implements, her writing-book, and proved by her unwearied delight in these her capacities.

As a motive for the incendiarism could not be found, she was placed for observation in an institution for the insane.

She was small, weakly, pretty thin, pale, and on many parts of her body, particularly on the lower limbs, she was covered with sores,



which had been made by strong rubbing and scratching of the skin. The parts of generation were already pretty well covered with hair, but yet she had shown no traces of menstruation, which in her family was usually early. Her features were rigid, earnest; her eyes had a moistened appearance, the left flowed with tears; the pupils were mostly large. Her general conduct has already been given. She regretted much that her Sunday's clothing had not been brought with her; would dress her head frequently, even at 8 o'clock in the morning; would curl her hair, &c. Once she set up a great oil-cloth bath-cover, and maintained that it was her very good teacher, yet she never jested. Besides, she only thought to shine by her expertness; she only learned and worked in order to be praised, and otherwise had no steadiness and perseverance in labor. She answered shortly, but talked much to herself: for example, about old maids, about dress, and the conduct of girls, and their relations to men. One night she stole to the bed of a female afflicted with erotic mania, and covered her with strong caresses; on the other hand she played much with dolls. In the afternoon of the 20th of May, she was seized with great anxiety and excitement. Her face was of a dark blue; she cried and stamped with her feet, seized upon other patients and the attendants, sought to snatch their keys and knives from them, cried out that she must kill, and must go out and set fire to things, broke the windows, and said that the devil stood by and commanded her. Laid upon the bed and held there, she related, in her usual quiet tone, that she saw a white ghost with a black head, without eyes or arms, close by her; wherever the eyes turned there was the ghost standing, as large as a man, and near her as though about to grasp her; at the same time she heard a voice within her, in her heart, in her breast. She did not know if it was the figure which spoke to her, or the voice within which commanded her. There the figure threatened, and here the voice within her cried, "Set things on fire or I will take you away," "Break the windows," &c.

She frequently closed her eyes or drew the bed clothes over her face, because then she did not see the figure. She complained, moreover, of a feeling of oppression in the stomach, and a fierce craving.

She picked her nose severely till the blood ran, and seemed to be relieved thereby, and a leech was applied to her nose. The head continued long hot, and the pulse made 120 strokes in the minute. After three hours the apparitions left her, and after five hours she fell into a heavy sleep of twelve hours' duration. A similar though much milder attack came on her a few days later. Many times she did mischief in the institution—threw the bunch of keys belonging to an attendant into the privy; threw the night utensils out of the window, and the like. On being detected she showed no shame or repentance, but answered that she had done it, and had no anxiety about it. Upon the ground of these observations, L. Meyer declared that she was insane, and that the form of her disease was erotic hysterical mania; its cause the exciting influence of epilepsy upon the development of puberty; and the impulses of the patient, her evil conduct, setting fire to things, &c., were the symptoms of the disease. Finally, he said, the incendiarism mentioned was carried out under the pressure of the climax of a diseased impulse, which occurred periodically.

The attacks showed their controlling influence on the will by the great anguish, and the occurrence at the same time of disturbances of sight and hearing. Therefore, in the eye of the law N. X. was irresponsible. The sentence of the court, if indeed the case was ever brought before the tribunals, is not given. Subsequently Meyer had to report officially on two more incendiarisms perpetrated by X. She knew how by her insinuating and apparently harmless conduct to make the attendants feel sufficient confidence in her to relax the stringency of their oversight of her, and on the 17th of July she seized a burning splinter from the kitchen, hid it in a cloth, went up to the sleeping rooms and set fire to a bed-cover and towel, but was taken in the act. Upon this occasion precisely the same image appeared to urge her on as upon the former. Significant signs of congestion of the head, very frequent pulse, great anxiety and mental disturbance of the kind mentioned, put the identity of these attacks beyond doubt. This attack first became violent after the patient had been isolated. On the night of the 20th of September the pa-

tient arose secretly from her bed, shoved a chair to the wall, piled clothing upon it, and took down a night-lamp hanging high above. She then drew the key of the room from under the pillow of the attendant, stole out, and set fire to several articles of furniture in an adjoining room.

As the attendant awoke the patient was about closing very quietly the door of an adjoining apartment. Nocturnal disquietude was otherwise frequent, yet no immediate connection between the isolated epileptic attacks and the psychical phenomena could be traced. The convulsions neither immediately preceded nor followed the incendiary acts. The epileptic attacks nearest the incendiarism of the 20th, were on the 17th and 26th. Finally, she had on the 3d of November (after suffering on the previous night from an epileptic attack) a paroxysm of a somewhat anomalous character. She was at first morose, stiff, answered only after long questioning, and then disconnectedly; then in the course of the day she became excited, sang, made much noise, spoke crazily, and did not know her surroundings, kissed those that approached her, and appeared to have mental disturbances of an erotic character. At times she shrugged herself together. Convulsions of the right shoulder likewise continued for a number of hours. The excitement and confusion lasted till 4 o'clock. She polluted herself and sought to take off her clothing, and a sort of stupidity lasted three hours longer.

We here take our leave of the work of Dr. Jessen, having devoted more space to it than we at first proposed; but the importance and interest of the subject, particularly to jurists, appeared so great, and moreover so few observations have been made in this country upon it, that we have prolonged our extracts, wishing many times in the course of our notice that the entire work might be translated, and placed upon the library shelves of every jurist on this continent.

Whether the observations have or have not established the existence of a distinct pyromania, is of little importance. It is sufficient that they have shown conclusively that the impulse to burn, like that to homicide, suicide and larceny, is a very frequent concomitant of the various forms of mental disorder.

## S U M M A R Y .

---

THE LATE GEN. MACDONALD.—Allan Macdonald, Esq., one of the proprietors of Sanford Hall Asylum, in Flushing, Long Island, was born in White Plains, Westchester County, New York, in 1794. His parentage was Scotch. His father, Dr. Archibald Macdonald, a surgeon in the British Army, came to this country shortly before the Revolution, and settled in South Carolina, whence he removed, after the war, to Westchester County, New York.

The first thirty-five years of his life Mr. Macdonald passed in his native village. He engaged in mercantile pursuits, and by his uprightness of character and unblemished life won the confidence of the community in which he lived, and filled various public offices. At an early age he was appointed postmaster, and afterwards sheriff of the county; subsequently he was chosen State Senator by the old Democratic party, of which he was a prominent member. During his residence in Albany he formed the intimate acquaintance of Ex-President Van Buren and Governor Marcy. From the latter he received the appointment of Adjutant General of the State, and in the Canadian disturbances of that period he rendered active and honorable service.

In 1841, General Macdonald yielded to the solicitations of his brother, the late Dr. James Macdonald, (whose death in 1849 was so greatly deplored by the profession and the public) and joined him in the establishment of a private Lunatic Asylum at Murray Hill, in New York City. In 1845, the rapid growth of the upper part of the City, and the success which had attended the Institution during its first four years, rendered a change of location desirable, and the brothers then purchased Sanford Hall, the elegant country-seat of the late Chancellor Sanford, situated in the village of Flushing, L. I., about ten miles from New York. The accommodations being much more ample the number of patients was largely increased, and the

plan of the Institution was much enlarged. In 1849, after four years of great usefulness and success in the sphere for which he seemed so well fitted, Dr. Macdonald died, leaving a blank in the profession and in the hearts of his numerous friends. His brother Allan then took charge of the Institution, and it is in connection with this establishment that General Macdonald has of late years been chiefly known and esteemed. Very many of those whose friends have from time to time received the protection of Sanford Hall, will not soon forget his kindly presence, his urbanity and gentle dignity of manner, or the manly virtues which found a home in his heart, and expression in his daily life. His death occurred on the 8th of January, 1862, after a wasting illness of three months.

From a circular issued by the present proprietors of Sanford Hall since the decease of Gen. Macdonald, we learn that the management of the Institution will not be changed. Mrs. Dr. Macdonald, the widow of its founder, will continue to represent the interest of her honored husband in its affairs, and Dr. J. W. Barstow, Resident Physician, and Dr. Benjamin Ogden, Consulting Physician, remain connected with the establishment.

Sanford Hall being strictly a private Institution, no reports of its progress—statistics in regard to patients, results of treatment, etc., have ever been given to the public. It is, however, at all times open to the inspection of the medical profession and the friends of patients.

The number of patients is limited—the average number under treatment for several years past being about thirty-five.

---

THE TENDER MERCIES OF A LUNATIC ASYLUM IN JAMAICA.—An inquiry has been held by three Commissioners, specially appointed for the purpose by an act of the Legislature, into the condition and management of the Public Hospital and of the Lunatic Asylum, Kingston, Jamaica. That inquiry was instituted in consequence of certain definite charges brought by Dr. Lewis C. Bowerbank. These charges appear to have been deliberately sifted, and for the most part emphatically proved. The Commissioners find that the site of the Hospital is not wholly unexceptionable; but that it will do well enough if about £16,000 be expended in drainage and improve-



ments ! The arrangements of the Female part of the Lunatic Asylum are said " to reverse every condition which ought to be observed. The wards, which are of wood, are small, low in the roof, close and ill-ventilated. They are so slightly raised above the ground that the earthy exhalations after rain can not but act injuriously on the patients. Except by closing the windows and substituting one evil for another, no efficient protection exists against the damp or cold." The wards on the Male side are said to be " badly lighted, badly ventilated, and inconveniently situated relative to each other. Opening on the public street, the windows enable the patients, notwithstanding all attempts to prevent it, to communicate with persons outside ; the latter supplying them with rum, tobacco, salt fish, and other articles unsuitable to their condition."

The drainage, as it is described, would be an abomination even in a cold climate. The medical staff of the Hospital is destitute of proper organization. The internal economy is as bad as possible.

" The patients had to complain of the neglect and inattention, and also of the frauds, coarseness and want of feeling of the nurses and servants. Their food was served to them, often, without common decency ; and when served was frequently cold, badly cooked, and insufficient in quantity. So little attention was paid to their comforts, that cesspools nearly under their windows have remained weeks, and even months, uncleaned. No screens or appliances prevented the sun streaming in, and causing them gratuitous suffering. The wards were infested with bugs, which were picked up by the poultry—the poultry being the property of officers and servants, and improperly maintained in the Hospital."

Patients were robbed of their food, money and clothes. But whatever may be alleged against the Hospital, that must have been a Paradise compared with the Lunatic Asylum. This was a mere place of confinement, and not of cure. " During no part of the period," say the Commissioners, " over which our enquiries have extended, has anything like systematic curative treatment been applied to the inmates of the Kingston Asylum. But if it were impossible to treat the lunatics for their cure, it was at least possible to treat them with kindness and humanity." On the contrary, the poor lunatics were not only allowed, but encouraged for the brutal pleasure of their keepers, to fight and wound each other. Lunatics have been placed in charge of lunatics. Female lunatics have become pregnant. They slept in verminous cells, in absolute nudity, and this even during the periodic illness of the sex. " No provision beyond that of bathing in a large bath, of which the water was only changed once a day, was made for the personal cleanliness of the females. No towels were allowed after the bath." Between August 5, 1859, and June 27, 1860, out of 65 inmates 19 died, and two more were in a dying state. Sick lunatics were treated

with great neglect and want of attention by the Medical officers. Beating, and ill usage of every kind, were practised by the attendants. Deaths occurred for which a Coroner's jury should have been summoned, but was not.

"But," continue the Commissioners, "of the abuses of the period referred to, the first and most prominent place must be assigned to a practice called 'tanking.' By tanking a person, is meant forcibly holding him down under water, till he gasps for breath, or sinks down in a state of exhaustion. We have come to the painful conclusion that death has, on more than one occasion, been accelerated, if not actually caused, by this cruel practice. Whenever a female lunatic was contumacious or incurred the displeasure—though only the capricious or vindictive displeasure—of the matron, she was ordered to be tanked. Thereupon she was immediately seized by one or more of the servants, usually assisted by other lunatics required to lend their aid, plunged into the stone bath, incorrectly termed the tank (whence the name), and there held down by force under the water, until exhaustion ensued. In contempt of all decency, laborers from the male side were used to be called in to 'tank' the stronger and more refractory females; often in an actual, more frequently a virtual, state of nudity, bruising their bodies, and making lewd remarks upon their persons. Women have been 'tanked' who were in extreme old age, who were sick and ill, and who were far advanced in pregnancy. On one occasion a nurse refused to proceed further, notwithstanding the presence of the matron, from an apprehension of the consequences. But so little consideration was felt for these victims of mismanagement, that the water in which all this inhumanity was perpetrated was not even clean. It is proved to our satisfaction that it was habitually the same in which the entire body of inmates had previously been bathed, and in which similar tanking operations had just been transacted. Its state under such circumstances may be supposed. But this foul compound was constantly swallowed by the sufferers; vomiting and disturbance of the bowels frequently ensuing, and in the bath itself. Tanking did not absolutely cease till the dismissal of the matron in July, 1860."

The Physician was under the "virtual control of the Female Superintendent, a woman of rude mind and violent temper," because he was in her husband's debt. Lastly, there seems to have been peculation in the stores and supplies. It really seems as if between Jamaica and a worse place the difference is not greater than is commonly supposed. It is admitted that great and signal benefit has ensued during the last year under the present Inspector, although for a time many of the malpractices enumerated were carried on without his having detected them. The moral of the thing is this—that, whether at Colney Hatch, or Hanwell, or in Jamaica, an inefficient and irresponsible system of management will lead to the

greatest abuses and cruelties. Get a Physician with a character to lose; give him *full* authority and a good salary; and let it be seen whether the Asylum remains a house of detention and cruelty, or a place for humane treatment and cure.

The legislature of Jamaica will probably pass an improved Bill for the Management of these Institutions this year.—*London Medical Times and Gazette*.

DR. W. C. M'INTOSH ON THE SUBCUTANEOUS INJECTION OF MORPHIA IN INSANITY.—In the *Journal of Mental Science* for Oct., 1861, Dr. M'Intosh, of Murray's Royal Asylum, Perth, gives an interesting detail of some experiments in the administration of morphia to the insane by subcutaneous injection. Eleven cases were thus treated, two of which were recent—one of acute mania, and one of "monomania of suspicion"—, and the others chronic and incurable. The apparatus used was a graduated glass syringe and steel needles. Two preparations of morphia were employed; viz., the common *Sol. Morph. Muriat.* of the shops, and a solution of acetate of morphia, in the proportion of five grains to the dram of distilled water. The latter preparation was chiefly used, in an amount of ten to fifteen minims (1 gr. to  $1\frac{1}{4}$  grs.), injected into the skin of the arm. In the acute cases the results were most favorable: in the chronic cases the use of injections was more or less combined or alternated with the administration of anodynes by the mouth, but the experiments appear also to have been very satisfactory. We quote Dr. M'Intosh's concluding remarks:—

"From what I have seen of the above treatment, I would advocate its restricted use in every asylum, as one of our most effective opiates—a sedative to the furious, a calmative to the depressed and despairing; and, moreover, I should apply it to cases where restlessness, excitement, and dirty habits occur at paroxysmal periods. Many other drugs than opiates might thus be introduced into the system of the patient with ease and rapidity. The advantages which this method has over opium and morphia administered by the mouth are evident; for seldom did I ever find cannabis or hyoscyamus particularly beneficial. Caution may suggest that it be not used in the first instance, it is true; but after the failure of the ordinary opiates, or their contra-indication, it should certainly be the duty of the phy-

sician to administer it. If, having succeeded at first, it afterwards does not act so well, either from too frequent repetition or idiosyncrasy, an opiate by the mouth will often prove beneficial. Idiosyncratic cases doubtless will occur in this as in all other remedies, but should only increase the caution used in applying it, not in abrogating its use. It is likewise found of especial benefit in cases where a course of laxative medicines is necessary; a condition so common in asylums, and frequently no less distressing than obstinate. I have heard of no fatal issue resulting from the treatment, nor would such invalidate the above remarks.

“With regard to the operation itself, even in the most violent cases there is little difficulty in performing it; indeed, there is often much less trouble than with the ordinary opiates. In terrified ones the simplicity of the operation reassures them, and by-and-by they give their arms voluntarily. In the demented, no notice is taken of the proceeding.

“In no case was there any inconvenience attending the puncture, although sometimes a slightly brownish circle marked the injected portion for a day or two.”

---

CURIOUS ERRORS RESPECTING AMERICAN ALIENISTS.—In a discourse delivered by Dr. Laehr, chief editor of the *Allgemeine Zeitschrift für Psychiatrie*, before the Scientific Congress at Berlin, and published under the title, *Seelenheilkunde in der Gegenwart* (Psychiatry in the Present Time), we find the following:—

“Here is the proper place to mention the development of the German asylums. In the scientific field of psychiatry we are certainly not indebted more to other nations than they are to us; in the way of practical endeavors relating to improvements of asylums we have developed our own German ability. The North American alienists enjoy several advantages. First, the general interest of the public for such asylums has enabled them to adorn these public buildings with fine porticos and colonnades; also to take proper care of their inmates. Then, the editors present them regularly with books and newspapers appearing in their district; and lastly, they are supported by the generality of the learned authors of their country, who write in their favor. In spite of this, the American alienists are defective in medical convictions and relative conduct, in the sound principles of which alone a proper management can find its final good result; much more, their method of treatment is submitted by them to the fanciful opinions reigning amongst laymen to science—so much that actually not a few superintendents do publish (to gain the public favor) that their treatment is either homeopathic or allopathic.”

Our examination of the Reports of American asylums for the insane has been very careful and complete for many years, and we are personally acquainted with most of the Medical Superintendents. It is not easy to surmise in what manner such errors as the above have originated.

---

VAST ABSCESS OF THE BRAIN WITHOUT SYMPTOMS.—M. Richef related in the Society of Surgery the case of a youth, aged 18, who applied as an out-patient at the St. Louis, on account of a purulent discharge from the ear. So little inconvenience did he feel from his ailment, that he was with difficulty persuaded to enter the hospital for treatment. At the autopsy, the petrous bone was found diseased, but the dura mater covering it had not undergone any change. The cavity of the tympanum was filled with pus, which obtained its discharge both by the meatus and Eustachian tube. All the convolutions of the left hemisphere had become effaced, and a collection of pus occupied the whole of the sphenoidal and occipital lobes, the parietal lobe remaining alone intact. Very small abscesses were scattered throughout the parietal lobe. This patient had never manifested the slightest intellectual disturbance, and no symptoms indicated the existence of cerebral lesion, when the pus, bursting into the lateral ventricle, caused instant death.—*Gazette Hebdomadaire*, No. 46.

---

EFFECTS OF RELIGIOUS EXCITEMENT.—The annual report of the Irish Lunatic Asylum Inspectors states, that more cases of insanity occurred in Ulster in two months, during the late revival movement, than had taken place in the year. "Religious excitement" is assigned as the cause of insanity in 97 males and 86 females, but it is observable that, though religious excitement was the cause of the breaking down of the mind, the mania is not generally religious. The patient does not rave about religious subjects, but about matters totally different. The religious excitement, like any other violent epidemic excitement, caused the mind to give way in its weakest point, whatever that might have been. "Intemperance and irregularity of life" were the causes of disease in 241 males and 82 females.—*British Medical Journal*, Nov. 2, 1861.

---

SIXTEENTH ANNUAL MEETING OF THE ASSOCIATION.—The sixteenth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, postponed from June 11th, 1861, will be held at the "City Hotel," in the city of Providence, Rhode Island, on Tuesday, June 10th, 1862, at 10, A. M.

JOHN CURWEN, M. D., Sec'y.



















